Medical Tribune

© 1976, Medical Tribune, Inc.

and Medical News

Vol. 17, No. 23 — world news of medicine and its practice—fast, accurate, complete — Wednesday, July 7, 1976

MD Countersues, Wins: It's a New Ballgame

X-rays in Chicago malpractice tangle were x-rays taken by Dr. Leonard Berlin (above) showing dislocation of little finger (bottom views). Reduction films (top) later revealed chip fracture at base of involved joint. Patient sued, but radiologist countersued, contending fracture was not visible initially and that treatment was same in any case. See page 4.

Resolves Ascites, Bleeding

Anti-Gout Drug Proves Effective In Cirrhosis

By Nathan Horwitz
Medical Tribune Staff

MIAMI BEACH—Colchicine, conventionally prescribed for gout, is proving effective in the treatment of cirrhosis, a Mexican team has reported.

A double-blind trial of the drug in patients with severe cirrhosis resulted in the resolution of ascites and edema and an end of bleeding episodes in treated subjects, compared with "no clinical improvement" in the placebo group, the American Association for the Study of Liver Diseases was told here.

Some 40 additional patients who have been added to the study since the

Continued on page 15

Concern, Yes, But

'Over-Reaction' to Estrogen-Ca Link Seen Detrimental

Medical Tribune World Service

VANCOUVER, B.C.—There has been an "over-reaction" to the news that estrogen replacement may increase the risk of endometrial cancer, the President of the American Radium Society (now Oncology Society of America) said here.

Speaking at the society's 58th annual

Continued on page 9

Dr. Davis Regrets 'Negative Effects'

Med School Minority Program Rap Sparks Indignation & Rue

By Michael Herring
Medical Tribune Staff

BOSTON—An article in the *New England Journal of Medicine* linking a decline in medical school academic standards with the practice of graduating some minority students "on a charitable basis" has inflamed indignation among academic communities and the media to such a point that the author, Dr. Bernard Davis of Harvard Medical School, has publicly apologized.

Dr. Davis, who is Adele Lehman Professor of Bacterial Physiology, told MEDICAL TRIBUNE that the apology, published in the *New York Times* and elsewhere, was issued "to try to neutralize the negative effects in the public image and the morale of minority medical students" caused by the furor. The worst of these negative effects, he said, has been the rejection of a few young black doctors by patients who saw excerpts of his remarks in the lay press.

However, Dr. F. Sargent Cheever, Harvard's Director of Admissions, told MEDICAL TRIBUNE that Dr. Davis is an "idealist, not a racist, who has worked for minorities," and that there is indeed a danger of "letting our hearts run away" in trying to rectify social injustice, if degrees are granted to minority-group students at the expense of

Continued on page 22

Ultrasound Visualizes Deep Pelvic Organs

Stage C carcinoma of the bladder (T) is shown through use of new ultrasonic technique that visualizes bladder, prostate for first time. See page 29.

INTERNATIONAL REPORT

from Japan *from the Editors of Medical Tribune Japan, Tokyo*

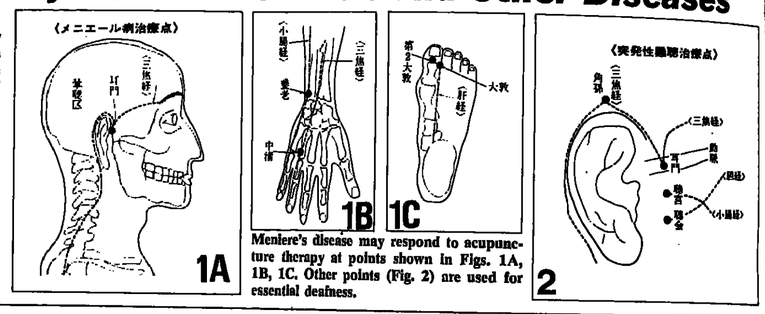
Acupuncture May Relieve Meniere's and Other Diseases

Medical Tribune World Service

TOKYO—Although acupuncture therapy has been found to be of limited value in a pain clinic, it appears to relieve some symptoms in intractable forms of Meniere's disease, essential deafness, Bechet's disease, Sjögren's disease, and subacute myelopticononeuropathy (SMON), Dr. Kumio Yamashita, anesthesiologist at the National Hospital Medical Center here, reported at a meeting of the Tokyo Health Insurance Physicians Association.

In response to a government call for therapeutic programs for diseases which it has officially designated as intract-

Continued on page 23



Meniere's disease may respond to acupuncture therapy at points shown in Figs. 1A, 1B, 1C. Other points (Fig. 2) are used for essential deafness.

from Britain *from the Editors of Medical News-Tribune, London*

English GPs Work Very Differently from Iowa Colleagues

By DR. VIVIEN CHOO
Medical Tribune World Service

STRATFORD-UPON-AVON—GPs in northeast England evidently work very differently from GPs in Iowa. For a start, English GPs do not examine one in eight of their patients. In Iowa, history taking is minimal, but GPs there carry out full examinations on about half their patients—three times as often as do English GPs.

In addition, American GPs take the temperatures of five times as many patients, use their stethoscopes on twice as many, record the blood pressures of four times as many and examine the fundi of 10 times as many patients, as do English doctors.

Yet the average length of consultation in Iowa in not much longer than in England.

These findings come from a survey in which 25 GPs in NE England and

Continued on page 23

from Germany *from the Editors of Medical Tribune Germany, Wiesbaden*

Animal Contact May Play Decisive Role in Hodgkin's Disease

Medical Tribune World Service

HAMBURG—Epidemiological follow-up of all known cases of Hodgkin's disease in children between two and 14 years of age in North Germany since 1945 yields no support for a genetic factor or person-to-person infection, but leads rather to the conclusion that domestic animal contacts play a decisive role in the disease, reports Dr. H. Dürken, of Hamburg-Eppendorf University Medical Clinic. In the foreground are pet rabbits, followed by some other species of domestic animal.

In the case of subacute sclerosing panencephalitis, there is the possibility that one might be dealing with an earlier persistent virus infection, followed by later reactivation through "complementation" or "helper virus" action. The animals are clearly symptomless carriers of the viruses and, as in other zoonotic diseases, the chain of infection comes to a full stop in man—transmission from one person to another is very exceptional.

The investigations underlying this hypothesis covered 140 children with histologically proven Hodgkin's disease, Dr. Dürkin said. Boys were affected more severely in rural areas than in the city; no urban-rural distinction was seen for girls. Mostly the disease became manifest in previously quite healthy children. Moreover, infectious mononucleosis was never encountered in the vicinity of the children.

Parents and other members of the household could be interrogated in 133 cases, yielding informative details on the environment in which the children had grown up. One-third of the parents were engaged in agriculture; three fathers were butchers and in nine other cases there were occupational contacts with animal products or feed. Nine fathers were engaged in wood process-

Continued on page 23

from France *from the Editors of Tribune Medicale, Paris*

Vague Asthenia Presents Diagnostic, Treatment Problems

Medical Tribune World Service

PARIS—General practitioners discussed their asthenic patients at a round table sponsored by the Group for the Study of Fatigue. It was led by Dr. Pierre Bugard, consulting general practitioner at the Hopital Henri Roussel, and Dr. Louis Crocq, teaching psychiatrist in the service of Professor Pelicier at the Hopital Necker. Following are highlights of the discussion.

Dr. Bugard pointed out that because asthenia is characterized as unclassified pathology, many physicians feel ill-equipped to deal with it. In his opinion, half the consulting patients in a general practitioner's office describe themselves as fatigued yet are actually asthenic. Dr. Bugard distinguished three groups: somatic, neurotic and reactional asthenics. Because fatigue lacks a precise definition for either doctors or laymen, a communications gap hampers physicians and their patients. A recurring statement by the panelists was that "fatigue" often screens a variety of conflicts, personal, socio-economic, marital or sexual. The physicians agreed that, consciously or not, patients tended to "somatize" an asthenia and that a doctor had to accept this fact. However, when Dr. Bugard asked if they considered their patients to be simulators, the response in unison was "Absolutely not."

Dr. Bugard characterized the fatigue that often serves patients' requests for leaves from work as reactional asthenia. It involves two characteristics: trauma and existential conflict. In effect, the patient demands just reparation for a situation he can no longer tolerate by seeking rest. Asthenia is a protective device, Dr. Bugard said. Its symptoms protect an individual against moral suffering resulting from anxiety. It is a fatigue that, although false, is nevertheless experienced; it must be overcome by activating the individual. The majority of doctors, agreeing with Dr. Bugard, stated that this was their first

Continued on page 23

Controversy over legislation defining the role of industrial medicine, which was seen by French industry as threatening "the imperatives of production and profitability," prompted Georges Libault's cartoon in TRIBUNE MÉDICALE. In it, the industrialist asks the physician: "And what makes you think, doctor, that this was a work accident?"

Bio-Marker for Alcoholism May Aid Diagnosis

By ANASTASIA TOUFEXIS
Medical Tribune Staff

WASHINGTON, D.C.—The development of a biochemical test for alcoholism, which may eventually provide a rapid objective method for differentiating chronic alcoholics from other drinkers, for monitoring the success of therapy, and for assessing the degree of alcoholism in a population, was announced here at the annual conference of the National Council on Alcoholism (NCA).

The test, which is positive only in the presence of chronic alcohol abuse and is therefore not predictive of the development of the disease, is based on the observed characteristic alteration of plasma amino acids in alcoholics, consisting of a significant increase in gamma-amino-n-butyric acid (AANB) relative to leucine," reported Dr. Spencer Shaw, speaking for Drs. Barry Stimmel and Charles S. Lieber. Dr. Shaw is an investigator at New York's Mt. Sinai School of Medicine and staff physician at the Bronx Veterans Administration Hospital. Dr. Stimmel is Associate Professor of Medicine at Mt. Sinai.

"This is the first time a biochemical marker for alcoholism has been reported," Dr. Lieber told MEDICAL TRIBUNE. "We have here a possible handle on the problem of alcoholism. We've never before been able to say what makes an alcoholic different from a nonalcoholic. Here we have a biochemical difference." Dr. Lieber is Professor of Medicine and Pathology at Mt. Sinai School of Medicine and director of the Alcohol Research Laboratory of the section of Liver Disease and Nutrition at the Bronx VA Hospital. He said the test is an outgrowth of nutrition studies on baboons conducted at the Bronx laboratory.

Hospitalized Patients

So far, the test has been evaluated in 42 hospitalized severe alcoholics and 25 methadone maintenance patients with varying degrees of alcoholism, Dr. Shaw said. Among the findings he cited:

- The ratio of AANB/leucine was significantly increased in hospitalized alcoholics compared to nonalcoholic patients.
- In the ambulatory methadone maintenance patients, the ratio increased significantly with the degree of alcoholism as assessed by three separate standards: NCA criteria of alcoholism, a self-administered alcoholism screening test, and average daily alcohol intake. Plasma AANB/leucine was highest in patients who consumed more than 2 g/kg/day of ethanol and in patients who fulfilled major NCA criteria.
- The ratio detected most of the alcoholics identified by each of the three guidelines. In contrast, blood alcohol and liver chemistries were not useful in detecting or assessing alcoholism in the methadone group.

Dr. Shaw stressed the test is a marker for chronic alcoholism not the acute alcoholic binge.

"We hope to simplify the procedure within the foreseeable future," Drs. Lieber and Shaw told MEDICAL TRIBUNE, "so that it can be performed as a routine laboratory test." The test, which now requires an amino acid analyzer, is being used at present only on a research basis.

Pneumonia Vaccines: E.Coli Protection Too?

Medical Tribune Report

ATLANTIC CITY, N.J.—The pneumococcal pneumonia vaccines now undergoing field trials may yield "an unanticipated dividend" by also providing protection against fatal E. coli and Klebsiella pneumonine bacteremia, a University of California investigator reported here.

Dr. Lowell Young, of the UCLA Medical Center, said the finding emerged in studies prompted by the fact that some capsular polysaccharides of pneumococci "have long been known to be antigenically similar to 'K' antigens of [E. coli and Klebsiella]."

To test whether antigenic cross-reactivity could afford additional protection in vivo, Dr. Young developed an experimental rabbit model of gram negative bacteremia that closely "mimics human disease, especially in the compromised host."

Following the development of precipitating antibodies against Type 3 pneumococcal polysaccharide, the test animals were rendered neutropenic with alkylating agents. Challenge organisms, either E. coli 07:K7 or K. pneumoniae Types 5 or 39, were injected intravenously or fed in drinking water to immunized rabbits and matched controls. Blood cultures confirmed that bacteremia was produced from organisms initially colonizing the GI tract, as occurs in humans.

"In studies with more than 50 animals, immunized rabbits were significantly protected against lethal bacteremia developing after both an oral or intravenous challenge," Dr. Young told the American Federation for Clinical Research.

Prenatal Dx of Sickle Cell Possible, But Caution Urged

By FRANCES GOODNIGHT
Medical Tribune Staff

NEW YORK—Prenatal diagnosis of sickle cell anemia has now been achieved—but the investigators responsible for this recent and major genetic advance are sounding a cautionary note: Don't expect widespread use of the detection procedure in the immediate future.

Their reasons for the go-slow signal were outlined for MEDICAL TRIBUNE by Dr. Blanche P. Alter, of Children's Hospital Medical Center (Boston) and Harvard Medical School, who has taken part in research on prenatal diagnosis of both sickle-cell anemia and beta thalassemia.

Such studies in the United States have been largely concentrated at the Harvard complex and at the University of California, San Francisco, and the Yale-New Haven Hospital.

Dr. Alter cited difficulties posed by the procedure itself as deterrents at present to its application outside research centers.

Fetal Blood Studied

Diagnosis of the hemoglobinopathies is made by studying hemoglobin synthesis in fetal blood (MEDICAL TRIBUNE, July 16, 1975). Red cells are identified and incubated with radioactive leucine, then the incorporation of radioactivity into beta and gamma globulin chains is measured.

Such fetal blood must be obtained by needle aspiration of the placenta or by fetoscopy, Dr. Alter pointed out. Both processes are more complicated than the amniocentesis used in detection of chromosomal or enzyme abnormalities, and fetal losses have been related to the procedures.

There is also the problem of getting sufficient blood for performance of chromatographic analyses of globulin-chain synthesis, Dr. Alter said. In the 28 attempts at prenatal diagnosis of hemoglobinopathy undertaken by the Boston and cooperating investigators, an adequate sample could not be obtained in five cases.

Highly Complex Work

Additionally, she noted that the hematologic work is highly complex—interpretation of results was proved incorrect in two cases.

Like other investigators, Dr. Alter emphasizes that these studies are still strictly research procedures. The major area of value, in her view, will be in detecting beta thalassemia since this disorder causes death in most homozygotes by the age of 20 or earlier, and treatment in most parts of the world is unavailable or inadequate. By comparison, patients with sickle cell anemia who survive through adolescence may be able to lead fairly productive lives.

A recent report by Dr. Alter and colleagues at the Harvard complex, Yale-New Haven Hospital, and Children's Hospital of Philadelphia (*New England Journal of Medicine*, May 6, 1976) described the successful prenatal diagnosis of sickle cell anemia and alpha G-Philadelphia in a fetus known to be at risk because the father had both sickle cell trait and the alpha abnormality while the mother had Hb S/beta + thalassemia. The couple's only child had inherited the mother's hemoglobinopathy plus the alpha abnormality.

Seen in 22-Week Fetus

An article in the same issue by Dr. Yuet Wai Kan and colleagues of the University of California, San Francisco, announced the detection of sickle-cell anemia in a 22-week-fetus. It was the first pregnancy for the couple, both of whom were carriers of the sickle cell trait. Previously, Dr. Kan's group had reported prenatal diagnosis of beta thalassemia.

index

CLINICAL NEWS NOTE: *"After 24 months of treatment [with colchicine], all [cirrhotic] patients in the treated group were alive, without ascites and/or edema. No bleeding episodes had occurred and only one patient had encephalopathy. In contrast, no clinical improvement was seen in the placebo group and two patients died of the complications of cirrhosis. . . ."* (Dr. David Kershenobich. See pp. 1, 15.)

feature index

Medical Tribune

ARTHUR M. SACKLER, M.D.
International Publisher

Advisory Board
JOHN ADRIANI, M.D. • RENE J. DUBOS, Ph.D.
JULES H. MASSERMAN, M.D.
BERNARD LOWN, M.D.
ALTON OCHSNER, M.D. • LEO G. RIGLER, M.D.

HARRY HENDERSON, *Editor-in-Chief* RICHARD GUBNER, M.D., *Associate Editor*
HAROLD FOSNOT, *Executive News Editor* NATHAN HORWITZ, *Special News Editor*
JOHN H. HEWITT, *Associate News Editor*
WILLIAM PRIPTIS, *Art Supervisor* LARRY LIPPMANN, *Picture Editor*

880 Third Avenue, New York, N.Y., 10022
Phone (212) 421-4000. *Audited by Business Publications Audit of Circulation, Inc.*

MEDICAL TRIBUNE *is published each Wednesday except on June 16, 30; July 14, 28; Aug. 11, 25; Sept. 29; Dec. 1, 22, 29, by Medical Tribune, Inc., 880 Third Ave., New York, N.Y. 10022. Controlled circulation postage paid at Vineland, N.J. 08360 Subscription $25.00, Students $7.50.*

MD Countersues Patient, Wins $8,000 in Damages

Medical Tribune Report

CHICAGO—Telegrams and telephone calls poured in from throughout the United States and Canada after a Circuit Court jury here awarded $8,000 damages to a physician who had accused a patient and her attorneys of filing a frivolous malpractice suit against him.

"The reaction has been overwhelming," said Dr. Leonard Berlin, a radiologist at suburban Skokie Valley Community Hospital. "I've had calls from doctors wanting to know how to go about it and from lawyers defending doctors who want to get in touch with my lawyer."

Dr. Berlin was sued last September for $250,000 by a 40-year-old woman who charged negligence in failing to find a small fracture in the little finger of her right hand, injured in playing tennis. The fracture was discovered in a subsequent x-ray after the patient, Mrs. Harriet Nathan, complained of continued pain.

Treated for Fracture

In filing a counter-suit under the Illinois Barratry Act, Dr. Berlin conceded that the fracture did not show up on the first x-ray but noted that the patient was treated in the emergency room as if she had a fracture. Testimony from orthopedic witnesses confirmed the treatment as standard. Dr. William Meltzer, who provided the treatment, also was sued but did not counter-sue.

Mrs. Nathan withdrew her suit on attorneys' advice but Dr. Berlin refused to drop his countersuit. He charged that she had "wantonly and willfully" involved him in litigation without reasonable cause. His suit also accused her lawyers, Fred Benjamin and Stuart Shapiro, of "falling below the legal standards of the community by failing to properly investigate the case." He pointed out the x-rays were available at the hospital for examination by the plaintiff's experts but that no examination was made before the suit was filed.

Dr. Berlin said he was involved in a previous malpractice suit that was settled by his insurance company without his permission "and I wasn't going to let it happen again."

He has spent $10,000 of his own funds and 25 working days on the current case. Although asking for only $3,000 in damages as "symbolic," the jury awarded him $8,000 in actual and punitive damages after deliberating 15 minutes.

Several lawyers testified in support of his countersuit. Charles J. O'Laughlin, a member of one of Chicago's leading law firms, testified: "A lawyer has the duty to ascertain whether there is reason to believe the case is valid. He has a duty not to proceed if the suit will have the effect of harassment or expense."

Wayne Giampietro, attorney for Dr. Berlin, told the jury: "This case will determine whether we attorneys are accountable in our job, just as is everyone else... Mrs. Nathan felt she was injured and somebody was going to have to pay. That is not what the law is for."

The President of the American Medical Association, Dr. Max Parrott, said the Berlin case "puts lawyers on notice that they are placing themselves in jeopardy if they do not adequately investigate a case before filing suit.

"Insurance companies estimate that it costs $2,500 to open a claim," he continued. "These costs are borne by the doctors and, ultimately of course, by the patient."

In the view of Dr. Berlin's attorney, the verdict should have two significant spin-offs: "It means not only that an attorney must be sure there is some evidence of malpractice but also cause him to be more careful about the people he names as defendants."

Dr. Parrott said the Berlin case "is significant in part because it serves notice that doctors intend to fight back against unmeritorious cases."

Illinois has inaugurated a program designed to aid physicians willing to file counter-suits but the Berlin countersuit preceded it.

Dr. Berlin said he would like to have the jury verdict appealed up to the Illinois supreme court in order to obtain "a complete resolution of the issue." Mrs. Nathan said she intends to appeal "this grave, grave injustice."

'Striking Proportion' of College Students Show High BP

Medical Tribune Report

ATLANTIC CITY—A "striking proportion" of 1,671 college students in a study show elevated blood pressure, the American Federation for Clinical Research was told here.

Using the level of 130/90 to define the hypertensive threshold in young adults, investigators from the Section of Cardiovascular Medicine at the University of California, Davis, found a significantly elevated systolic pressure in 22% of the men and 5.7% of the women, and an elevated diastolic pressure in 2.7% of the men and 0.7% of the women.

Even when 140 was considered as the upper bound of normal tension pressure, almost 10% of the men and 2.5% of the women had readings above this level.

Additional data obtained from blood tests plus a self-administered questionnaire also indicated a strong correlation between blood pressure elevation and other factors known to pose the risk of coronary heart disease, the investigators reported.

"Since the yield of risk-factor screening was so high," they said, "it seems prudent to direct major primary preventive efforts to this age group when the likelihood of finding minimal or reversible coronary vascular disease is high."

Specifically, the examinations revealed that elevated blood pressure was correlated with excess body weight, a family history of risk factors (heart disease, hypertension, hyperlipidemia), and elevated levels of serum triglycerides and serum cholesterol.

The incidence of hypertension was greater among men than among women, and the correlation between elevated blood pressure and the other risk factors also proved stronger for the men.

Noting that blood pressure, obesity, and elevated serum lipids "are all alterable risk factors," the investigators suggest that early detection and modification of such conditions "should be the goal in this young population."

Co-authors were Dr. Antone F. Salel, Chris Lykke, Caroline K. Clifford, Ph.D., Jess Kraus, Ph.D., Thomas Y. Cooper, and Drs. Nemat O. Borhani and Dean T. Mason.

Manipulator Offers New Freedom

Bedside work table with manipulator arm permits quadriplegic to feed himself, select magazines from rack, turn pages, use a typewriter, and dial telephone. Developed at the Johns Hopkins Applied Physics Laboratory, the manipulator is activated by a faint twitch of the right shoulder muscle.

EDITORIAL CAPSULES

... brief summaries of editorials or comments in current medical and scientific journals.

Impact Boondoggle

"The demand for 'impact statements' evaluating the environmental consequences of human activities in natural ecosystems seemed a natural outgrowth of the rise in ecological awareness of the 1960's. I believe that the idea has backfired.

"Many politicians have been quick to grasp that the quickest way to silence critical 'ecofreaks' is to allocate a small proportion of funds for any engineering project for ecological studies. Someone is inevitably available to receive these funds, conduct the studies regardless of how quickly results are demanded, write large, diffuse reports containing reams of uninterpreted and incomplete descriptive data, and in some cases, construct 'predictive' models, irrespective of the quality of the data base. These reports have formed a 'gray literature' so diffuse, so voluminous, and so limited in distribution that its conclusions and recommendations are never scrutinized by the scientific community at large. Often the author's only scientific credentials are an impressive title in a government agency, university, or consulting firm. This title, the mass of the report, the author's salary, and his dress and bearing often carry more weight with the commission or study board to whom the statement is presented than either his scientific competence or the validity of his scientific investigation. Indeed, many agencies have found it in their best interests to employ a 'traveling circus' of 'scientists' with credentials matching these requirements. As a result, impact statements seldom receive the hard scrutiny that follows the publication of scientific findings in a reputable scientific journal.

"The continued application of such studies can have several effects, including increased prices for natural resources: a declining credibility for environmental science and scientists; a reduction in the overall quality of scientific personnel; and the degradation of our natural resources, not as the result of the direct activities of industry and government, but because of the ineffectual groping of environmental scientists." (Editorial, D. W. SCHINDLER, *Science 192:509, May 7, 1976*).

New Drug Lowers Plasma Cholesterol, Triglycerides

Medical Tribune Report

ANAHEIM, CALIF.—A new drug, gemcadiol, has reduced blood plasma cholesterol and triglycerides in laboratory animals, according to Dr. Gertrude Rodney, a pharmacologist at the Parke-Davis research laboratories. Dr. Rodney told the recent annual meeting here of the Federation of American Societies for Experimental Biology, that gemcadiol had "lowered the plasma triglycerides 90% in hypertriglyceridemic rats at a dose of 25 mg/kg per day."

IN CONSULTATION

Are Physicians Knowledgeable About Allergy to Insects?

Part I

The Consultant

CLAUDE A. FRAZIER, M.D.

Author of Insect Allergy: Allergic and Toxic Reaction
Asheville, N.C.
to Insects and Other Arthropods

RECENTLY I began treating an asthmatic child. In the course of obtaining the youngster's history, the mother told me that the child had been stung by a bee a few months earlier and had suffered a severe systemic reaction. According to the mother, the physician who had treated the child at the time said that the child was severely allergic to bee venom and that the "next sting might be her last."

This was all the physician said and all he did. He made no mention of the importance of having the child desensitized to ensure her safety against future stings. He did not prescribe an insect sting kit in case that next sting presented a life and death emergency. He did not recommend that the child wear a medical alert tag or bracelet to alert a good samaritan or physician to the child's allergy. He did not even offer advice about how to minimize the chances of the child's being restung.

Needless to say, this and similar episodes have strengthened my conviction that physicians as well as laymen badly need educating in the matter of allergy to insects. They especially need to comprehend the importance of two protective measures—the insect sting kit and hyposensitization.

What is the insect sting kit?

The insect sting kit is a compact assembly of supplies necessary for the emergency treatment of a severe generalized systemic reaction to insect stings or bites. A little larger than a snakebite kit, it usually contains a tourniquet to be applied if the sting is on an extremity, several sterilizing swabs, several antihistamine tablets, several tranquilizers often to soothe the frightened patient, and the all important preloaded syringe of epinephrine 1:1000 to be injected subcutaneously. Step by step instructions accompanying the kit are simple enough to enable almost any layman to administer the contents without difficulty.

Why is the kit important?

The insect sting kit provides emergency on-the-spot treatment. All too frequently the victims of insect stings or bites are far from medical facilities. Campers, fishermen, hunters, lumbermen, farmers—they may be many miles from the nearest hospital or physician, and since symptoms of a severe systemic reaction are often fulminating, such a time lapse may make the difference between life and death.

Fatal outcomes to an allergic reaction to insect venom have been known to occur within the first 10 to 20 minutes of being stung. Epinephrine injected subcutaneously is the only drug that can stave off a severe systemic reaction long enough to get the victim to medical help. It literally "buys" time.

Who should have the kit?

Anyone who has suffered symptoms of a generalized systemic reaction to insect stings or bites. I even prescribe such a kit to my patients who have suffered a severe local reaction with severe edema at the sting or bite site. I am careful to ask my asthma, drug sensitive, and allergic rhinitis patients what sort of reactions they have had if they have ever been stung, since there is a tendency for these patients to be allergic also to insect venom (and/or saliva).

And since much in medicine is not 100% certain, I recommend that even my patients who have arrived at a maintenance dose in their hyposensitization to insects keep the kit handy whenever and wherever they think that they might encounter insects. Furthermore, possession of an insect sting kit also would be an important safety factor for all those who live in close proximity or work hand in hand, so to speak, with insects, such individuals as beekeepers, entomologists and the like.

Do you think the insect sting kit should be a regular item in first aid supplies provided for public safety?

Yes. Absolutely. I have long advocated the kit's inclusion in the first aid supplies of those charged with public safety. Forest rangers, school nurses, scout leaders, lifeguards, golf and tennis pros, and the like, should not only have the kit at the ready, so to speak,

Continued on page 8

In Consultation

Are Physicians Knowledgeable About Allergy to Insects?

Continued from page 6

but they should be trained in its use and in the recognition of symptoms of systemic reaction to insects. I am aware that this would probably entail changes in legislation as well as in thinking to allow a layman to inject epinephrine without fear of legal repercussions. I believe, however, that the annual toll of fatalities, most of them needless, warrants such legal and mental changes.

How can the allergic patient obtain such a kit?

I believe that in most, if not in all states, he must have the kit prescribed by his doctor. Thus, it is up to physicians to see to it that their vulnerable patients are protected. Physicians, however, should do more than prescribe. They should instruct their patients in how to use the kit. They should also point out that the epinephrine must be replaced when the liquid turns brown.

Who should receive hyposensitization?

Any individual who has suffered a systemic reaction to an insect sting or bite (if it is determined in the latter case that hyposensitization can afford protection), or if an individual has suffered a severe local reaction with considerable edema at the sting or bite site; i.e., swelling that extends from one joint to another if the patient is stung on an extremity.

How long should the patient receive a maintenance dose once the hyposensitization procedure has been completed and his tolerance level raised?

We used to think that three years was long enough. Some allergists now recommend 10 years. At the moment, with our present state of knowledge, or rather lack of it, I recommend that the patient be maintained indefinitely. Perhaps such a measure will be unnecessary in the future when we have more information about what it takes to acquire and maintain immunity. It is possible that we will discover that immunity is a highly individual matter and that we will be able to tailor our procedures to individual patients. In the meantime, I believe that safe is best.

What is the present status of hyposensitization with insect venom extract versus whole body extract?

The matter is somewhat academic still as far as desensitizing the patient is concerned, although bee venom extract is obtainable in some quantity for diagnostic purposes. When queried, several commercial laboratories informed me that while supplies of bee venom will be ample, the venom of other insects is not only difficult to collect but will also be costly.

They also stated that they are still conducting tests regarding both the efficacy and safety of venom extracts and will not have sufficient data for another two or three years. The commercial laboratories contacted agreed that venom extract will probably be more expensive than WBE. It is apparent that more research must be done before venom extracts appear commercially and in quantity.

In the meantime, is whole body extract effective in hyposensitization?

I believe it offers adequate protection when the patient can arrive at a tolerance of 1:10 and is then maintained on such a dose every seven days from April 15 until October 15, and then increasing the interval to every two or three weeks. I have had no failures among my patients who have been restung after receiving this regimen.

What is a normal reaction to an insect sting and how do you treat it?

A normal reaction consists of a pin prick of pain, redness at the site gradually surrounded by a whitish zone and, often, a reddish flare. After a wheal forms and subsides, the area may feel irritated, itch, and exhibit some heat.

Treatment consists of scraping out the stinger and venom sac, if they remain in the wound, and washing thoroughly with soap and water.

Continued Next Issue

Acupuncture Offered to Nerve Deaf Children

Medical Tribune Report

Children between the ages of 9 and 17 suffering from nerve deafness are invited to participate in research evaluating the use of acupuncture. The research is being conducted at the Hearing Center of the Mount Sinai School of Medicine in New York City. The protocol has been reviewed and approved by the Human Subject Research Committee. No fee of any kind will be charged.

Physicians treating such children are requested by the Hearing Center to bring this to the attention of their patients and their families. Those who are interested can arrange for a preliminary interview by writing to P.O. Box 596, Lenox Hill Station, N.Y., N.Y. 10021, and giving name, age, address and phone number. Alternatively, an appointment can be arranged by calling (212) 288-7225.

Gynecologist Cites 'Over-Reaction' To News of Ca Risk from Estrogen

Continued from page 1

cerning, Dr. Felix Rutledge said that "journalistic sensationalism" and FDA "proclamations" have "frightened women into premature action and placed an unnecessary burden on physicians to explain their practice."

Dr. Rutledge, who is Head of the Department of Gynecology at M.D. Anderson Hospital, Houston, Tex., said he believes the data are not all in and that meanwhile, women should not be deprived of estrogen therapy when it is indicated. "We should continue to provide patients relief of postmenopausal symptoms rather than surrender them to suffering because of the cancer scare," he said. Amounts should be small, and administered to selected patients, he said, and patients should be carefully monitored.

'Weak' Design

"If estrogen therapy increases the risk of endometrial cancer," Dr. Rutledge continued, "extensive use of these drugs should have produced a rise in the incidence of endometrial cancer nationally." But, he noted, "a stable incidence of endometrial cancer indicated by the Third National Survey is not consistent with a significant carcinogenic role for exogenous hormones, and this discrepancy needs resolution."

Further, Dr. Rutledge said, he believes the reports that estrogens increase the risk factor for endometrial cancer have "weaknesses in design," and that "confirmation must come from analysis of experiences of other centers well distributed geographically."

For example, he said, "The appropriateness of the patients for controls in the Washington-Seattle study should be criticized. Frequency in this study of estrogen replacement therapy for patients with endometrial carcinoma was compared with estrogen use in patients treated for cancer of the cervix, ovary, and vulva.

"The personal and health characteristics are notably different from the patient prone to develop carcinoma of the corpus. Therefore, the groups are not basically comparable."

On the other hand, Dr. Rutledge said, attention must be directed to resolving the question of whether cancer of the endometrium is increasing, and if exogenous estrogens are responsible, and well-planned, prospective studies should be designed. For now, though, said Dr. Rutledge, "It seems prudent to regard replacement therapy with concern and to advise more judicious dispensing of these drugs while the questions are being investigated." But, he added, "We cannot cause clinicians to abandon these treatments."

Risk vs. Benefit

The estrogens are important in the prevention of bone demineralization, Dr. Rutledge said, and only small amounts are needed. Similarly, small, spaced doses of estrogens will control severe vasomotor symptoms of "hot flushes." And patients with atrophic vaginitis may avoid systemic effects of estrogen by using vaginal creams containing the drugs. "Although there is some absorption, the amount is small," Dr. Rutledge noted.

"Physicians who must provide for postmenopausal women deserve an accurate risk-benefit assessment so that they can individualize patient care," Dr. Rutledge concluded.

Dr. David G. Decker, Professor and Chairman of Obstetrics and Gynecology at the Mayo Clinic, said he, too, is continuing to give estrogen therapy, but only for hot flashes, and in very small doses. "A dose level of 2.5 mg was the level implicated in the Olmstead study," he told MEDICAL TRIBUNE, and he said he does believe prolonged therapy increases the risk of endometrial cancer.

But for women who are "incapacitated" by hot flashes, Dr. Decker said he administers estrogens starting with a dose level of 0.625 mg and raising it to 1.25 mg if necessary, giving it in interrupted fashion for three out of four weeks.

Histoplasmosis Traced To Bird Droppings

Medical Tribune Report

NEW ORLEANS—An epidemic of histoplasmosis that affected at least 68 persons in Hot Springs, Ark., has been traced to the wrong kind of civic clean-up—when workmen scraped old bird droppings from the courthouse tower, they just dumped the debris over the roof edge and down past rows of window air conditioners.

Histoplasma spores in the composted material were apparently sucked into the building through the air conditioners, Dr. Andrew G. Dean reported here to the joint meeting of the American Lung Association and its medical section, the American Thoracic Society.

Dr. Dean, who is acting director of the division of communicable diseases of the Arkansas State Health Department, said that 44 of the 84 employes inside the courthouse on the day of the dumping developed symptoms of histoplasmosis. Almost two-thirds of the people in offices adjacent to the wall behind the drop were infected.

Other victims included the two men who cleaned off the tower, several construction employees, and 10 townspeople who had visited the courthouse.

The Only Independent Weekly Medical Newspaper in the U.S.

Medical Tribune
and Medical News
Published by Medical Tribune, Inc.

Placebo Effects

A MEMBER OF THE DEPARTMENT OF PHILOSOPHY at the University of Arizona, Henry Byerly, Ph.D., recently directed his philosophical eye to the matter of placebos. In the Spring issue of *Perspectives in Biology and Medicine*, Dr. Byerly's article on "Explaining and Exploiting Placebo Effects" concentrates mostly on the explanation. And this turns out to be a survey of the varied explanations that have been proffered over the years for the effects of what Dr. Henry Beecher more than twenty years ago termed "The Powerful Placebo." As Dr. Byerly notes, we are still awaiting "definitive explanations."

In the absence of definitive explanations, Dr. Byerly writes, "The curative efficacy of placebos can be interpreted in four different ways if we distinguish 'real' organic disease from 'imaginary' or merely psychological symptoms: (1) Placebos can effect real cures of real diseases. (2) Placebos can effect real cures of imaginary diseases. (3) Placebos can effect imaginary cures of real diseases. (4) Placebos can effect imaginary cures of imaginary diseases. According to (1), placebos can function as surrogates for effective drugs in removing physiological causes of illnesses. According to (2), placebos have efficacy only in removing psychological symptoms. On interpretation (3), placebos merely relieve symptoms where there are organic causes. The last possibility (4) relegates the efficacy of placebos to removing subjective symptoms where there is no organic disease."

What is most interesting in Dr. Byerly's article is its final few lines, which are devoted to the question of how placebos should be exploited even in the absence of definitive explanations. He expresses surprise at the flat recommendation by some physicians that placebos ought never to be used because of the apparent fear that mere symptoms would be treated as opposed to "real causes." Dr. Byerly, on the other hand, opts for conscious use of placebo effects to relieve symptoms where possible and appropriate.

It seems likely that even physicians who deplore the use of placebos and view them as inconsistent with true medical care are nonetheless utilizing the most powerful placebo extant. That is the physician himself. The physician himself secures true physiological responses in his patient and does so for better or for worse. A physician who is enthusiastic about a procedure or a medication is likely to evoke better results than the doubter or the skeptic. And the physician who lets fall within earshot of a patient a truly discouraging remark or even one that may be so interpreted can create havoc and true disaster.

More on Malpractice

THE NEWS THAT A CIRCUIT COURT JURY in the Chicago area awarded damages to a physician who countersued a patient and her attorneys for bringing a malpractice suit against him without a reasonable cause (see pp. 1, 4) has been electrifying to members of the medical profession. The $8,000 awarded to Dr. Leonard Berlin—$2,000 in compensatory damages and $6,000 in punitive damages—is miniscule in comparison to the sums awarded to patients and their attorneys in malpractice cases. But the success of Dr. Berlin is so unexpected that it falls in the category of "man bites dog."

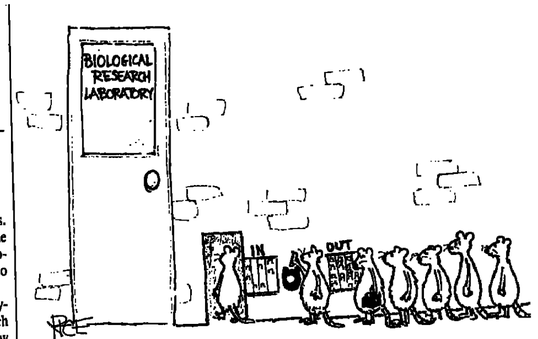
However, the fact that Dr. Berlin "spent $10,000 of his own funds and 25 working days" in pursuit of justice demonstrates one reason why insurance companies prefer to settle malpractice cases even when they have no merit. It is cheaper for them to do so.

On Feb. 11, an editorial in MEDICAL TRIBUNE applauded a physician who had sued six insurance companies for a total sum exceeding $5,000,000. The insurance companies had offered to settle a malpractice case against him for $12,000 over the protests of the physician who insisted that the claim was invalid. The case did go to a jury that found no malpractice had been committed. With this, the physician instituted suit against the insurance companies, asserting that their investigations of the case against him were "negligent to such a degree as to constitute a wilful and wanton disregard" of his professional reputation, his financial interests and his standing in the community as well.

We do not know the outcome of that case but not only patients and their attorneys ought to be put on warning about frivolous malpractice suits; the insurance companies should share in this warning as well.

Alcoholic Bio-Marker

CLINICAL QUOTE: *"This is the first time a biochemical marker for alcoholism has been reported. We have here a possible handle on the problem of alcoholism. We've never before been able to say what makes an alcoholic different from a nonalcoholic. Here we have a biochemical difference."* (Dr. Charles S. Lieber, Mt. Sinai School of Medicine. See page 3.)



LETTERS TO TRIBUNE

On Vasectomy

I admire most of what Dr. Arthur Sackler writes in his "One Man and Medicine" column. In the April 17, 1976 issue, however, I think he got things backward when he said that when you offer vasectomy to a broad population the highly responsible socially conscious individuals with good education will respond, and those socially immature (for many reasons) will refuse to participate, thus inverting eugenics.

I submit that the socially responsible are *already* limiting their pregnancies, and that mass programs must be aimed toward involving the others.

DAVID PLATT, M.D.
Wilmington, Del.

On Abuse of the Press

I am writing to compliment Dr. Sackler for his column [on abuse of the press and science, MT, Mar. 17]. I welcome especially the quote from Thomas Jefferson which began your editorial.

Near the end of my term as President of the Nebraska Medical Association, I am acutely aware of the licentiousness of the press. I have long believed, and have come to believe even more strongly this year, that the press betrays the First Amendment nearly consistently. I believe that that Amendment was intended by its writers to assure the citizens access to knowledge about the government and to make sure that governments did indeed operate in the clear light of Truth. Apparently from the beginning, the press took advantage of this, which advantage has become worse as the news media have expanded their capabilities and technology.

I have resented the manner in which these news-gatherers mis-state the truth and mis-represent the position and statements of medicine. We are nearing the end of a long and arduous effort to have corrective legislation for medical liability passed by our Legislature. I believe now that we shall be successful, but you can well imagine the field day that various elements of the press have had with this.

I have been much pleased by the editorials in *Science* in the past several months, and I hope that they will indeed mobilize all of the scientific community to the dangers of the government attack on medicine and, of course, to science generally.

I shall enjoy very much showing your editorial to various of my "friends" in the newspaper and radio industry.

WARREN BOSLEY, M.D., President
Nebraska Medical Association
Grand Island, Nebraska 68801

Your article on "The Abuse of the Press—and of Science" is an eloquent and badly needed comment on a situation that cannot be allowed to continue indefinitely. It is rapidly destroying the basic glue which is essential for the life of a free society—a reasonable degree of belief and confidence in the essential integrity of one's fellow citizens.

I would like to have another copy of the article so that I can reproduce it and give it to my patients and others (the label covered a part of the article). I also suggest MEDICAL TRIBUNE start producing reprints of this and other articles on malpractice, etc., for distribution in doctors' offices. The medical profession, for a variety of reasons, is probably incapable of communicating effectively enough by means of the mass media; effectively enough to really counter the careless and sometimes malicious charges which are so frequently hurled at the profession.

I believe MEDICAL TRIBUNE could, and hope it will, provide the leadership to bring about an ongoing communication program that will be strong enough to counter the libels that are so constantly being made in these times.

JOSEPH W. STILL, M.D., M.P.H.

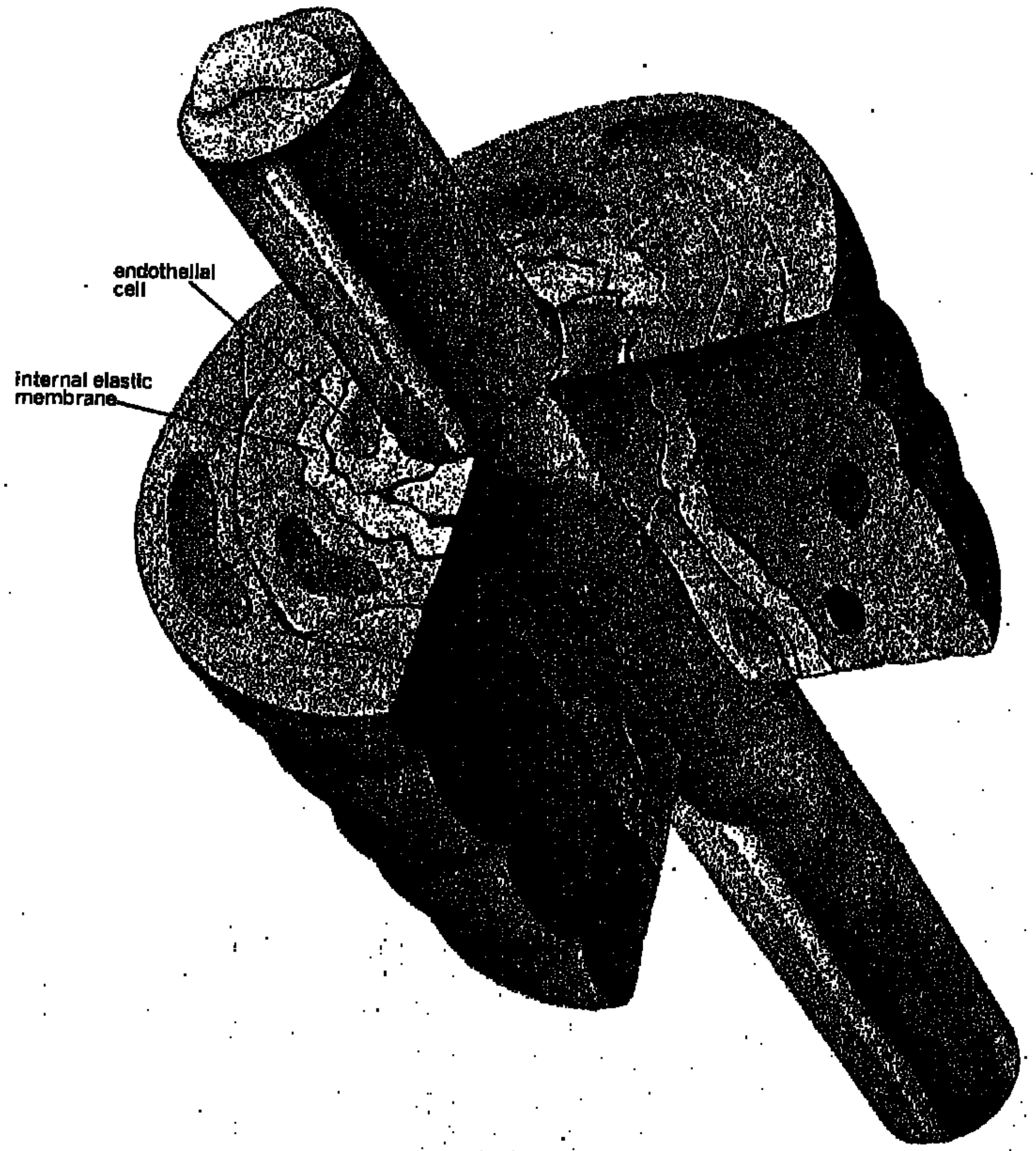
Correction

A photo caption in The Good Drugs Do in fighting arthritis section (MT, May 12) erroneously identified Dr. Howard E. Skipper, Lasker Award winner for his studies of metabolism of anti-cancer drugs, as another winner, Dr. John Charnley. Our apologies—*Editor.*

Apresoline®... (hydralazine)

relaxes arterioles to solve the major hemodynamic problem in hypertension

Abnormally high peripheral resistance is the major hemodynamic problem with most hypertensives.



Apresoline reduces peripheral resistance and lowers blood pressure through a direct relaxation of arteriolar smooth muscle.

high peripheral resistance: common attribute of most hypertensives

Because high peripheral resistance is the major hemodynamic disturbance found in most patients with essential hypertension,[1,2] the therapeutic goal should be reduction of total peripheral resistance and a return to more normal peripheral circulation.[2]

Hence, vasodilating drugs "...offer a physiologically rational approach to the therapy of hypertension."[1] In addition, "...vasodilators [combined with a sympathetic inhibitor] are the most predictable and specific drugs for reversing the hemodynamic abnormality of most hypertensive patients."[3]

the only oral agent that deals directly with this problem

Apresoline (hydralazine), the only currently approved oral antihypertensive with vasodilating action, decreases peripheral resistance—regardless of its cause—and, hence, arterial pressure by relaxing arteriolar smooth muscle. Accompanying the fall in blood pressure is a rise in cardiac output and rate. Apresoline also maintains or increases renal and cerebral blood flow.

a different and complementary pharmacologic approach

Different in action from all other oral antihypertensives and compatible with most of them, Apresoline can play a significant role in a variety of therapeutic combinations.

Such combinations, according to Freis,[4] with each component representing a different antihypertensive mechanism, provide the most effective way to control blood pressure. This approach may also permit lower drug dosages.

the problem of postural hypotension minimized

Nickerson[5] describes the action of Apresoline as follows:

"A preferential effect on arterioles, as compared to veins, allows the increase in cardiac output and minimizes postural hypotension; the latter is much less than that produced by agents blocking sympathetic nerves."

Continued on following page

Apresoline® hydrochloride
(hydralazine hydrochloride)

TABLETS

INDICATIONS
Essential hypertension, alone or as an adjunct.

CONTRAINDICATIONS
Hypersensitivity; coronary artery disease; mitral valvular rheumatic heart disease.

WARNINGS
Hydralazine may produce in a few patients a clinical picture simulating systemic lupus erythematosus. In such patients hydralazine should be discontinued unless the benefit to risk determination requires continued antihypertensive therapy with this drug. Symptoms and signs usually regress when the drug is discontinued but residua have been detected many years later. Long-term treatment with steroids may be necessary.

Complete blood counts, L.E. cell preparations and antinuclear antibody titer determinations are indicated before and periodically during prolonged therapy even though patient is asymptomatic. These studies are also indicated in the presence of any unexplained symptoms.

A positive antinuclear antibody titer and/or positive L.E. cell reaction requires that the physician carefully weigh the implications of the test results against the benefits to be derived from antihypertensive therapy with hydralazine.

Use MAO inhibitors with caution.

Usage in Pregnancy
The drug should be used only when, in the judgment of the physician, it is deemed essential to the welfare of the patient.

PRECAUTIONS
Use cautiously in suspected coronary artery or other cardiovascular diseases, cerebral vascular accidents, and advanced renal damage. Postural hypotension may occur, and the pressor response to epinephrine may be reduced.

Peripheral neuritis, evidenced by paresthesias, numbness, and tingling, has been observed. Published evidence suggests an antipyridoxine effect and addition of pyridoxine to the regimen if symptoms develop.

Blood dyscrasias, consisting of reduction in hemoglobin and red cell count, leukopenia, agranulocytosis, and purpura, have been reported rarely. If such abnormalities develop, discontinue therapy. Periodic blood counts are advised during prolonged therapy.

ADVERSE REACTIONS
Common: Headache; palpitations; anorexia; nausea; vomiting; diarrhea; tachycardia; angina pectoris. *Less frequent:* Nasal congestion; flushing; lacrimation; conjunctivitis; peripheral neuritis, evidenced by paresthesias, numbness, and tingling; edema; dizziness; tremors; muscle cramps; psychotic reactions characterized by depression, disorientation, or anxiety; hypersensitivity (including rash, urticaria, pruritus, fever, chills, arthralgia, eosinophilia, and, rarely, hepatitis); constipation; difficulty in micturition; dyspnea; paralytic ileus; lymphadenopathy; splenomegaly; blood dyscrasias, consisting of reduction in hemoglobin and red cell count, leukopenia, agranulocytosis, and purpura; hypotension; paradoxical pressor response.

DOSAGE
Initiate therapy in gradually increasing dosages; adjust according to individual response. Start with 10 mg 4 times daily for the first 2 to 4 days, increase to 25 mg 4 times daily for balance of first week. For second and subsequent weeks, increase dosage to 50 mg 4 times daily. For maintenance, adjust dosage to lowest effective level.
The incidence of toxic reactions, particularly the L.E. cell syndrome, is high in the group of patients receiving large doses of Apresoline.
In a few resistant patients, up to 300 mg Apresoline daily may be required for a significant antihypertensive effect. In such cases, a lower dosage of Apresoline combined with a thiazide, reserpine, or both may be considered. However, when combining therapy, individual titration is essential to insure the lowest possible therapeutic dose of each drug.

HOW SUPPLIED
Tablets, 10 mg (pale yellow, dry-coated); bottles of 30, 60, 100 and 1000.
Tablets, 25 mg (deep blue, dry-coated) and 50 mg (lilac, dry-coated); bottles of 30, 60, 100, 500 and 1000.
Tablets, 100 mg (peach, dry-coated); bottles of 100.
Consult complete literature before prescribing.

2/6048 17

CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

CIBA

References
1. McNay JL: Adrenolytic and vasodilator therapy. *Postgrad Med* 56:76-80, 1974.
2. Koch-Weser J: Vasodilator drugs in the treatment of hypertension. *Arch Intern Med* 133:1017-1027, 1974.
3. Koch-Weser J: The vasodilator antihypertensives. *Drug Therapy* 5:67-81, 1975.
4. Freis ED: Hypertension: A controllable disease. *Clin Pharmacol Ther* 13:627-632, 1972.
5. Nickerson M: Antihypertensive agents and the drug therapy of hypertension, in Goodman LS, Gilman A (eds): *The Pharmacological Basis of Therapeutics*, ed 4. New York, The Macmillan Company, 1970, p 729.
6. Committee on Hypertension: Drug treatment of ambulatory patients with hypertension. *JAMA* 225:1647-1653, 1973.
7. Report of Task Force I, National High Blood Pressure Education Program: Recommendations for a National High Blood Pressure Program Data Base for Effective Antihypertensive Therapy, Sept 1, 1973, DHEW Publication No. (NIH) 74-593.
8. Effects of treatment on morbidity in hypertension: Results in patients with diastolic blood pressures averaging 115 through 129 mm Hg. Veterans Administration Cooperative Study Group on Antihypertensive Agents. *JAMA* 202:1028-1034, 1967.
9. Effects of treatment on morbidity in hypertension: II. Results in patients with diastolic blood pressure averaging 90 through 114 mm Hg. Veterans Administration Cooperative Study Group on Antihypertensive Agents. *JAMA* 213:1143-1152, 1970.

Pediatric Progress

...brief summaries of editorials or comments in current medical and scientific journals.

Pediatric Hypertension

"... Increasing awareness that children and adolescents may be predisposed to or affected by hypertension is providing a rationale for inclusion of reliable blood pressure measurements in the physical examination of patients over 3 years of age and in selected younger children if a high index of suspicion exists.

"Failure to recognize the presence of high blood pressure may result in delayed diagnosis, misdiagnosis, or inadvertent use of potentially harmful therapeutic agents. Furthermore, the outcome of many conditions associated with hypertension is favorably affected when antihypertensive therapy is given.

"Finally, perhaps most important but most difficult to convey to affected individuals and to young physicians is the long-term benefit that may accrue from appropriate therapeutic intervention. These reasons create a strong argument for ensuring that the value of routine blood pressure measurement is taught during primary care training, to foster professional practices that will improve patient care." *(Patricia T. Pazdral, M. A., et al, JAMA 235:2320, May 24, 1976)*

Recognizing Renal Failure

"Early recognition of renal failure is of great importance . . . The frequency of micturition, the volume, appearance, and composition of urine should be determined routinely in all high-risk infants. If possible, urine passed in the delivery room should be collected and analyzed; under normal circumstances the "first" urine is hypotonic. In most cases the condition of acute renal failure is considered reversible and is corrected when good oxygenation, a normal acid-base status plasma volume, and circulation have been restored. Excessive excretion of sodium in utero or during the recovery phase from renal failure could lead to sodium depletion. If this occurs, oral or intravenous administration of sodium chloride might be indicated. Drugs used to control hypo- or hypertension which might reduce glomerular filtration should be used with great care. Peritoneal dialysis, which has been recommended as a valuable tool for the management of uremia, might be useful for acute renal failure in the immediate neonatal period. However, the most important treatment is prevention of asphyxia . . .

"The reports of renal failure in the newborn infant probably represent only the most severe cases. In the light of recent investigations of renal function in the fetus, more moderate impairment of renal function very likely remains unrecognized and could well account for some of the "normal variation" noted in the newborn infant." *(Salha S. Daniel, Ph.D., and L. Stanley James, M.D., J. Pediat. 88:856, May, 1976)*

Gout Medication Found Effective in Treatment of Severe Cirrhosis

Continued from page 1

end of the initial two-year trial are showing the same benefits from colchicine therapy, said Dr. David Kershenobich, of the Department of Gastroenterology, National Institute of Nutrition, Mexico City.

The study was praised as "elegant and exciting" by Dr. Hans Popper, of Mt. Sinai School of Medicine, N.Y., who said the Mexican team's findings warrant further clinical investigation.

The double-blind trial followed a series of experimental studies showing that colchicine inhibited hepatic fibrosis and improved liver function in traumatized rats, Dr. Kershenobich reported. When a preliminary clinical study showed that colchicine could be useful in severely ill cirrhotic patients, the team undertook its two-year double-blind trial in 28 patients, about half of whom were alcoholics.

Treated patients received 1 mg of colchicine daily, five days a week for two years. Liver function tests were performed monthly, and liver biopsies obtained every six months, examined double-blind and graded on a scale of 1-4 for inflammation and fibrosis. Dr. Kershenobich noted that, prior to treatment, 10 of 14 patients in the colchicine group and six of 14 in the placebo group had ascites, edema and bleeding esophageal varices. Encephalopathy was present in four of the treated group and in three of the placebo group. In all patients, there was pretrial histologic evidence of cirrhosis. The alcoholics in the series continued their usual drinking habits during the trial, the investigator said.

Treated Patients Alive

"After 24 months of treatment, all patients in the treated group were alive, without ascites and/or edema," Dr. Kershenobich declared. "No bleeding episodes had occurred and only one patient had encephalopathy. In contrast, no clinical improvement was seen in the placebo group and two patients died of the complications of cirrhosis. Gamma-globulins dropped from a mean of 3.9 to 3.1 g% in the colchicine group and remained elevated in the placebo series. Serum albumin remained unchanged in the treated patients, but decreased from 3.5 to 2.7g% in the placebo group." There were, however, no significant histologic changes in the liver biopsies of either group.

The resolution of clinical findings, the decrease in gamma-globulins and the maintenance of normal albumin levels, the investigator concluded, suggest that "colchicine may be of value in the treatment of cirrhotic patients."

He noted that the drug's mechanism of action in this series is still unclear. But Dr. Popper in discussion suggested that a penicillamine effect could be taking place, since penicillamine "may alter fibrous development in man and animals."

Coauthors were Drs. Manuel Uribe, C. I. Guarez, and M. Rojkind.

Diet Being Studied as Explanation for Varied International Breast Ca Rates

Medical Tribune Report

LAS VEGAS, NEV.—Dietary differences, particularly in regard to fats, are now being looked at to explain international variations in breast cancer incidence.

Dr. Anthony B. Miller, director of the epidemiology unit of the National Cancer Institute of Canada and chairman of the epidemiology committee of the U.S. Breast Cancer Task Force, said here these differences constitute the "most favored hypothesis" at the present time.

Genetic factors, among others, have received wide attention, Dr. Miller noted, but they do not explain the changes that occur in groups that migrate. He pointed out that Japanese women have a comparatively low incidence of breast cancer in Japan, but that the incidence increases as they move to Hawaii and the U.S.

"Family history may be indicative of a genetic factor," Dr. Miller told a conference on Detection and Treatment of Early Breast Cancer, "but it might also indicate common exposure to an environmental factor."

Environment Important

A number of studies are aimed at identifying genetic markers, he added, "but if I were asked to bet which would come out, I would say that genetics will be pretty low and environmental factors will be much more important."

Epidemiologic factors are receiving intensive examination now for two reasons, Dr. Miller noted. One is concerned with possible prevention, the other—and perhaps more pressing—concern is with the populations that should receive intensive screening.

Right now, Dr. Miller said, even three or more of the commonly designated risk factors are not discriminatory enough to ascertain breast cancer risk with any degree of precision. However, he added, "We have to look at the premise of an annual examination for all women over age 50."

Paradoxically, Dr. Miller noted that the ultimate answers to the questions of risk factors may come from such screening, if demographic and epidemiologic questions are included in the examinations.

Meanwhile, encouraging results were reported at this meeting for such examinations when they include mammography. Participants in some of the 27 centers taking part in the Task Force demonstration projects reported an extremely high incidence of very early cancer detection, those considered small enough to be potentially "curable."

Among the more conclusive results to date came from the HIP Mammography Study, the only controlled study to date. Run by the Health Insurance Plan of Greater New York, it is now in its seventh year.

Mr. Sam Shapiro, a professor at the Johns Hopkins School of Hygiene and Public Health, and former director of research and statistics for HIP, said the HIP program has shown a one-third reduction in breast cancer mortality among women over age 50.

This study took two random samples, each of 31,000 women aged 40 to 64 who belonged to the prepaid insurance plan. The women in the study group were offered a screening examination—including history, clinical examination, and mammography—plus three additional examinations at annual intervals. The women in the control group followed their usual practices. No special effort was made to encourage them to have examinations, nor were they discouraged from having them.

The randomness of the two groups was later confirmed, Professor Shapiro said, by the fact that the breast cancer detection rate—299 in the study group, and 285 in the control group—and the overall mortality rate were similar.

This observation has to be taken with considerable caution, Professor Shapiro pointed out, because "given the size of the population, the reduction in mortality for women under age 50 might easily have been missed."

Further, he said, there is the possibility that the results of such a study begun today might be even more encouraging because the radiologist of today "is far more effective" than the radiologist of years ago.

As for the risks of mammography, Prof. Shapiro said indications now are that "the radiogenic effects do not come close to the benefit."

Malaria Vaccine Hope

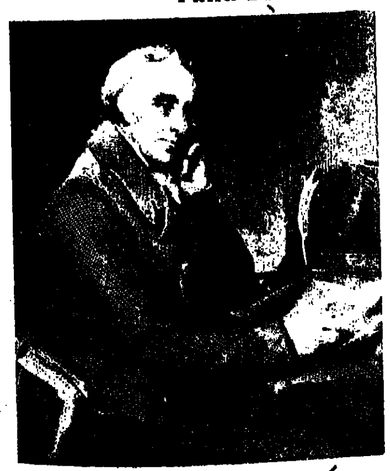
Hope for a vaccine against malaria has risen with discovery by Dr. William Trager, of Rockefeller University, of a way to culture the parasite Plasmodium falciparum in human erythrocytes. Photomicrograph, taken 75 days after culturing, shows parasites in various stages of development.

John McKee Project Manager
Vicki Morison Administration Manager
Isabel Hutchings Conference Manager
Charlotte Benton-Hughes Conference Assistant
Surrey TW9 2LS
Tel: 081 332 2422
Fax: 081 332 0939

The Benjamin Rush House, Philadelphia, Pennsylvania

For The Bicentennial:

Fund Drive Underway to Restore the Birthplace of Dr. Benjamin Rush



The Bettmann Archive

Benjamin Rush

SOME MEMBERS of the medical profession are celebrating the Bicentennial by a nationwide fundraising drive to restore the Philadelphia birthplace (above) of Dr. Benjamin Rush (1746-1813), "father of American medicine" and one of the six physicians who signed the Declaration of Independence (see MT, June 23, 1976). About 40 medical and university groups, including the American Psychiatric Association, the Pennsylvania Medical Association, and presidents of the AMA, Princeton University and Rutgers College are sponsoring the project. Plans call for reconstruction of the Rush birthplace on landscaped grounds at the Philadelphia State Hospital, near the northeast gateway to Philadelphia. Dr. Rush founded the College of Physicians, was first professor of chemistry at nation's first medical school, the University of Pennsylvania, and published the first book on mental illness in America. Contributions to the restoration fund should be sent to Benjamin Rush House Committee, 11 N. 49th St., Philadelphia, Pa. 19139.

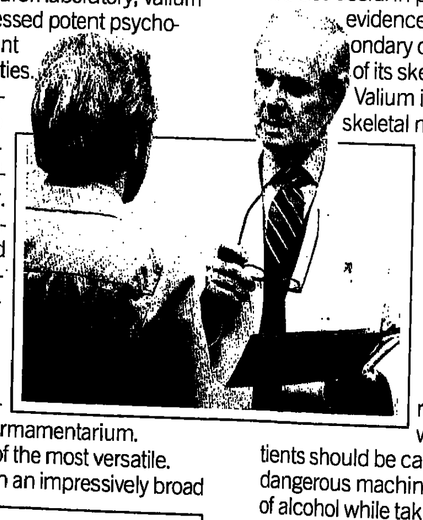
JOHN HANCOCK'S DEFIANCE.

John Hancock makes sure King George can read his signature. Looking on is Dr. Rush, rear, fourth from left.

The signing of the Declaration of Independence (above) as depicted in the famous painting by John Trumbull.

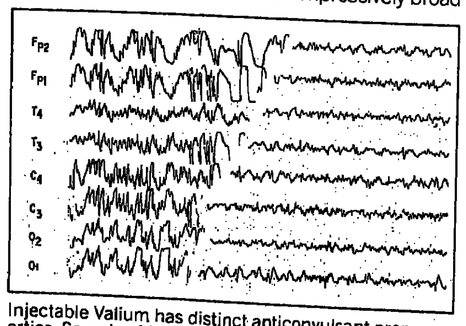
Valium® differs from other (diazepam) benzodiazepines

Valium (diazepam) is the one benzodiazepine with three clinically useful pharmacologic properties In the research laboratory, Valium demonstrated that it possessed potent psychotherapeutic, muscle relaxant and anticonvulsant properties. But the crucial question remained: would these three properties prove to be clinically useful? Extensive clinical testing gave the answer. Yes. Of all the available benzodiazepines, Valium – and only Valium – has three valuable pharmacologic properties that have *all* proven to have definite clinical utility. Clearly, this makes Valium one of the most useful agents in a physician's armamentarium.

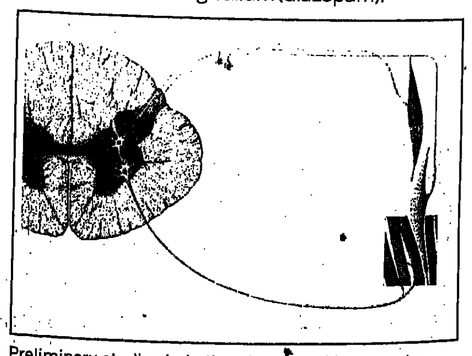


And, quite likely, one of the most versatile. Today, Valium is indicated in an impressively broad range of disorders. As a psychotherapeutic agent, for instance, it's useful for the relief of undue psychic tension and anxiety whether seen alone or associated with organic and functional disorders. It's also useful in psychoneurotic conditions evidenced by anxiety with or without secondary depressive symptoms. Because of its skeletal muscle relaxant effect, Valium is a valuable adjunct in relieving skeletal muscle spasm caused by strains, sprains or inflamed skeletal muscles. And its potent anticonvulsant action makes it a preferred drug (given adjunctively I.V.) in status epilepticus.

Drowsiness, ataxia and fatigue are possible side effects, but these and more serious adverse reactions are rarely a problem. Of course, as with all CNS-acting agents, patients should be cautioned about driving, operating dangerous machines or the simultaneous ingestion of alcohol while taking Valium (diazepam).



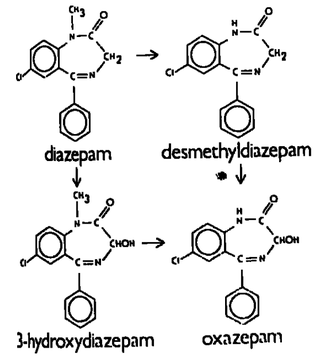
Injectable Valium has distinct anticonvulsant properties. Sample of EEG's in a patient with status epilepticus – before and 15 seconds after Valium 8 mg I.V. Lombroso CT: *Neurology* 16:629-634, July 1966.



Preliminary studies in both animals and humans have suggested that Valium may also work at the spinal level by enhancing presynaptic inhibition, a mechanism believed to diminish spasm in skeletal muscle.

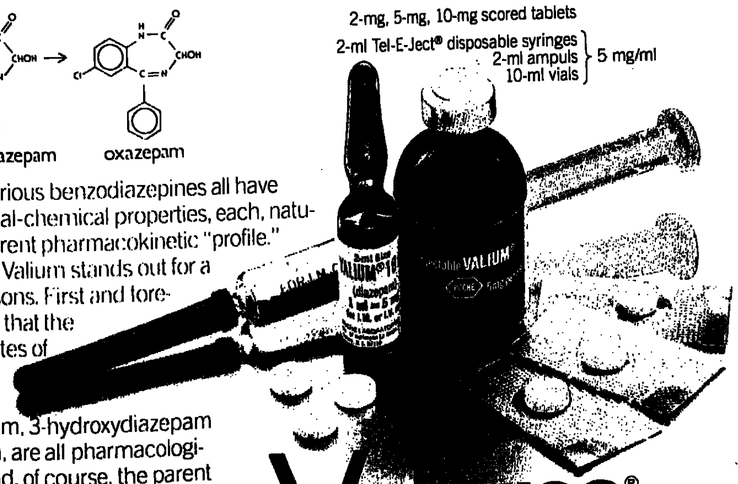
ROCHE

Only Valium (diazepam) has a pharmacokinetic profile that includes diazepam, active itself, plus other active metabolites



The unique metabolic pathways of Valium (diazepam)

Because the various benzodiazepines all have different physical-chemical properties, each, naturally, has a different pharmacokinetic "profile." The "profile" of Valium stands out for a number of reasons. First and foremost is the fact that the major metabolites of Valium, which include desmethyldiazepam, 3-hydroxydiazepam and oxazepam, are all pharmacologically active. And, of course, the parent substance – diazepam itself – is also highly active. Then, too, Valium has demonstrated a highly reliable and consistent pattern of absorption, distribution, metabolism and excretion. Such pharmacokinetic predictability is just one more indication of its overall reliability of performance.



Valium® (diazepam) IV

One of a kind.

Please turn page for a summary of product information.

Tribune Economic Analysis

Market Volume Indicates Stock Price Trends

BY ELIOT JANEWAY
Consulting Economist

Wall Street is suffering from a bad case of indigestion. Its eyes were bigger than its stomach during its winter feast. Eyeing support levels is the order of the day.

The market as a whole benefits from the redealing of the cards, which sends sellers looking for buyers. The ability of holders to sell stocks, and the willingness of bargain hunters to buy them, add up to evidence of distribution. This healthy process is guaranteed to avoid any fear of indigestion, and to revive speculative confidence.

The market's success in holding just under the 1,000 mark on the Dow Jones industrial average has made it look strong to amateurs with eyes only for prices. But its failure to effect distribution and to avoid indigestion has revealed its weakness to the professionals who constantly check price performance against the volume of trading.

The failure of the market either to effect a revitalizing correction or to regain its forward momentum is confirming the premise I have been stating for months, namely, that volume is the reliable indicator of market price trends. The collapse of volume has prevented the market from enjoying a correction in its present trading range. This lull is not a correction. Consequently, it has brought a double disappointment. It has not only frustrated the next advance, but delayed it as well.

The lack of a correction is exposing the market to still more erratic buffeting at the hands of events. It has clearly shown itself to be wary of inflationary pressures and susceptible to bad news.

The market has missed its chance to strengthen its defenses against the resumption of inflation. Any renewed push in interest rates will make the stock market problem of generating more volume harder to solve. Its price future will continue to hinge on its volume performance.

Ask Janeway

Seven years ago, my family gave me 250 shares of a "junior grade" growth stock in the electronics field. I now have 290 shares, and when the company offered to buy them from me for $40 per share, I refused. Now the stock is in the $18-$21 range, and I wonder if I made a mistake. Did I do wrong not to sell? Should I hold on to the stock now?

Maryland M.D.

You sure did. If you sell it now, you won't miss much. The next rally will be led by the "senior grade" growth stocks.

Send your questions on finance, investments, taxes to Janeway, MEDICAL TRIBUNE, *880 Third Avenue, New York, N.Y. 10022.*

High/Low Stress On Job Both Tied To Disease Risk

Medical Tribune Report

CINCINNATI—Workers under a great deal of job stress—and those under very little stress—have significantly more medical problems than workers under moderate stress, according to a Cornell University Medical College researcher.

Disease is highest when people experience "too much or too little to do, extreme ambiguity or rigidity in relation to their tasks, extreme role conflict, or extreme amounts of responsibility (especially for people) or too little responsibility," Dr. Clinton G. Weiman, Clinical Assistant Professor of Medicine, told a meeting here of the American Occupational Health Conference.

A study of 276 senior and 1,264 junior officers at a large financial institution correlated questionnaire responses measuring stress with the incidence of stress-related disease or risk conditions found on medical examination. These included heavy smoking, hypertriglyceridemia, hypertension, arteriosclerotic heart disease, hypercholesterolemia, exogenous obesity and duodenal ulcer. Participants were 24 to 64 years old; 84% were men.

High and low stress scores were associated with significantly more medical problems than middle scores, according to Dr. Weiman. The incidence of disease/risk in the groups with the most stress was almost double that of the group with the least stress.

"This is probably related to longer service employees who find themselves trapped by service connected benefit plans," Dr. Weiman explained. "It may also be hypothesized that overstimulation is of greater risk potential than understimulation."

An open letter to the doctors of America

Subject: **The all-important physician-patient relationship**

Dear Doctor:

We must and will do something about it.

The science and art of medicine has reached its most advanced state but the all-important physician-patient relationship is plunging to an all-time low.

We must do something about it.

The establishment of "cost-effective" control rather than "therapeutic-effective" practice is part of the drive towards the government's dominance, if not takeover, of medicine. Physicians personally, and the medical profession generally; medicines specifically, and diagnostic and other procedures generally, have become a target for governmental attacks as a result of the pressures generated through sensation-seeking consumerism and political expediency.

Patient regimens are too often disrupted, medical advice disregarded and medications neglected. Early diagnosis of essential conditions is being placed in jeopardy and early treatment delayed.

We must do something about it.

Medical Tribune has addressed these issues editorially. Medical Tribune has encouraged the mobilization of official bodies of medicine. It has reported extensively on constructive efforts by *ad hoc* committees of physicians. We have discussed these problems at great length with responsible consumer leaders, leaders in all fields of medicine, and with a whole gamut of government officials.

More is needed.

Medical Tribune has developed and is introducing an innovation in patient education to help rebuild and sustain the all-important physician-patient relationship. Medical Tribune has prepared a series of supplements for use in physicians' waiting rooms, clinics, and hospitals, entitled THE GOOD DRUGS DO. Each supplement is prepared by an outstanding leader in one of the fields of medicine. Each supplement is written so that the patient can understand it. Each seeks to advance the goal of an informed patient, a cooperative patient, and a patient confident in his physician's practices, medicines and recommendations. The waiting room patient supplement, THE GOOD DRUGS DO. will be coming to you as a section of Medical Tribune.

THE GOOD DRUGS DO patient supplement in Medical Tribune seeks to do something positive about the physician-patient relationship.

THE GOOD DRUGS DO supplements prepared thus far consist of a general introduction by Dr. Louis Lasagna, covering the broad advance made by therapeutic medicine in the Golden Age of Therapeutics. THE GOOD DRUGS DO individual supplements then go on to take up Depression, Hypertension, Nutrition and Vitamins, Alcoholism, Diabetes, Arthritis, Psychoses, Antibiotics. Each subject supplement is prepared by an outstanding authority in the field and addressed to patients.

Please remove THE GOOD DRUGS DO supplements from coming issues of Medical Tribune and put them in your waiting room.

You can help us help your patients by making this essential material available to them and by advising us as to how we may make improvements in your and your patients' interests.

We can do something about the all-important physician-patient relationship.

Sincerely,

International Publisher

Rap at Med School Minority Program Sparks Indignation

Continued from page 1

academic excellence.

But the overwhelming majority of reactions to the article, both in the Harvard area and around the country, have been anything but favorable, according to Dr. Elizabeth Hay, Pfeiffer Professor of Embryology and Chairman of Harvard's Department of Anatomy. Repercussions in the Boston area have been "fantastic," she told MEDICAL TRIBUNE. "You wouldn't believe it."

Dr. Hay is one of seven department chairmen in preclinical sciences who signed a disavowal of Dr. Davis' "unsubstantiated" and "damaging" remarks. The statement noted that all Harvard graduates "have been evaluated by the same academic standard." Dr. Hay added that "programming in the basic sciences has not been compromised" and she repudiated the Davis article as "lacking in common sense."

Against Underqualified Grads

The policy he intended to question, Dr. Davis told MEDICAL TRIBUNE, was not minority admissions per se, but that of granting a degree to any underqualified student, regardless of race. As he stated in the original article, "It would be a rare person today who would question the value of stretching the criteria for admission, and of trying to make up for earlier educational disadvantages, to help disadvantaged groups. But how far faculties should also stretch the criteria for passing students is another matter." With that, he apparently opened the can of worms.

However, in apologizing, he added: "My article did not raise any doubts about the quality of minority students or physicians as a group. . . . My only concern is with a very small fraction of the students, both non-minority and minority," who fail to achieve "a reasonable level of competence in science." He told MEDICAL TRIBUNE, "I do not by any means wish to criticize minority programs alone, but any program that stretches too far, weakening the credentials of better-qualified members of the group," who will ultimately be licensed "to make life-and-death judgments."

At Harvard, Dr. Cheever noted, there is no quota for minority admissions, "but a goal of 20%." This year 37 out of 165 new students comprised a minority enrollment of 22%, he said, adding that the Affirmative Action Program, which recruits minority students from around the country, has been "extremely successful."

Alcohol Withdrawal

Medical Tribune Report

WASHINGTON, D.C.—Withdrawal symptoms in alcoholic rats have been suppressed by the simple chemical 1,3-butanediol, according to Dr. Edward Majchrowicz and his colleagues here at the National Institute for Alcohol Abuse and Alcoholism.

from Germany

Role in Hodgkin's Disease Laid to Animal Contacts

Continued from page 2

ing occupations, five of them also carrying out agricultural activities concurrently.

Domestic animal contacts were noticeable not only among children from rural areas. Of 133 patients with utilizable data, 112 (84.2%) had been in contact with pet rabbits. In no case, however, was it actually certain that the rabbit had been the only animal contact, since always other possibilities of contact were found—most frequently with hogs (45.9%). Of the 133 patients, 65 were rural children and of the 68 city youngsters, 83.8% had lived for longer or shorter periods in the country.

On comparison of a selected group of patients with matched controls, significantly more frequent contact with rabbits and hogs was noted in the children with Hodgkin's disease. More forcefully even than the statistics, the case histories and environmental reports supported the significance of domestic animals in the spread of the disease, Dr. Dürkin said. Additional cases of Hodgkin's disease in the patients' families were rare, blood relatives being practically never affected; frequently, victims had had no contact whatever with the children. No criterion could be found as to the role of home, camp or school in transmission of the disease.

Results so far yield no fundamentally deviating viewpoints for the epidemiology of Hodgkin's disease in adults.

To check the zoonotic hypothesis, Dr. Dürken's opinion is that in all new cases of Hodgkin's disease the particular animals in the patient's home ought to be examined and included in virological tests.

from Japan

Acupuncture May Ease Meniere's, Other Diseases

Continued from page 2

able, a list now numbering 40 disease entities, the National Hospital Medical Center set up a research team to define the indications for acupuncture therapy in these diseases. The team, which included members of the anesthesiology department and other specialists, expected on the basis of past experience that acupuncture might be beneficial in these diseases.

Dr. Yamashita reported the following results:

Meniere's symptom complex: Therapeutic points used in the therapy were as shown in Figs. 1A, 1B, and 1C. These five points were used in standard therapy, and an additional 15-minute low-frequency electrical stimulation was performed at the two points on the head. In four cases, a remarkable benefit resulted.

Essential deafness: While perceptive deafness defies the therapy, essential deafness seems to be responsive to it to a significant extent. It is of the utmost importance to initiate the therapy immediately after symptomatic onset.

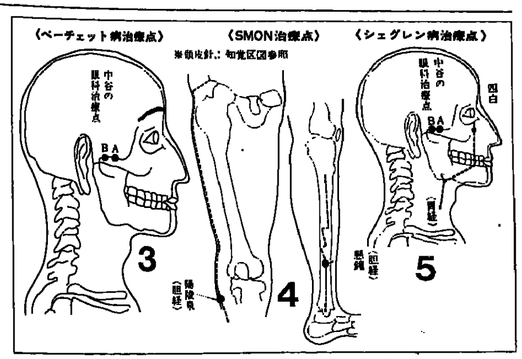
Therapeutic points were as shown in Fig. 2. A course consisted of 10 treatments.

Bechet's disease: Nakatani's ophthalmological therapeutic points A and B (Fig. 3) compose the points of entry. Marked benefits ensued.

SMON: Therapeutic points are as shown in Fig. 4. In this otherwise unmanageable entity, acupuncture proved significantly beneficial. Contralateral penetration was used.

Sjögren's disease: In the therapy, the autonomic nerve system is approached via the therapeutic route so that a systemic adjustment may be achieved. Secretory promotion and management of eye pain can be assured by stimulating Nakatani's points A and B as well as the nose bridge point shown in Fig. 5. Ten such efforts relieved the patient of optical pain, and the patient could enjoy an outing with friends.

Maximum therapeutic benefit of acupuncture therapy may require a close working relationship between the anesthesiologist and the appropriate specialist throughout diagnosis and treatment, said Dr. Yamashita.



Specific acupuncture points used in the treatment of otherwise intractable Bechet's disease, subacute myelopticononeuropathy (SMON), and Sjögren's disease are shown above in Figs. 3, 4, and 5 respectively.

from Britain

English GPs Work Differently from Iowa Colleagues

Continued from page 2

25 in Iowa, all involved in either undergraduate or postgraduate teaching, each recorded details of 100 randomly selected consultations carried out in two weeks in Nov., 1974.

Dr. G. N. Marsh, a GP in Stockton-upon-Tees who was one of those who carried out the survey, told the International GP conference recently held here that several other differences emerged.

Between the 25 American GPs, they carried out 188 routine check-ups, whereas with the 25 English GPs there were only three.

Also, the English GP did one in six of his consultations at the patient's home whereas the Americans did not do any home visits.

Hospital admissions were more frequent and quicker in Iowa, but in their doctor-orientated medical system, there were fewer referrals to a nurse than in England. Even so, in England, Dr. Marsh felt that the British team approach was under-used. In neither country were there many social service referrals.

In both countries, respiratory diseases were the commonest diagnoses, and antibiotic usage similar.

But mental disease was the next most frequently diagnosed condition in England, while hypertension came next in Iowa, where anxiety state was near the bottom of the list and depression not in the top ten.

"The Iowan doctor is frightened of missing organic diseases for both academic and legal reasons and he makes psychiatric diagnoses in the somewhat old fashioned method of excluding organic disease," said Dr. Marsh.

Moreover, Iowan doctors have to ensure they miss nothing organic because patients can more easily go to another doctor.

On the whole, the study suggested that Iowan doctors could be examining their patients too much and English ones not enough. But what effect the difference in the type of consultation was on the health and happiness of the patient was not evaluated.

from France

Asthenic Patients Present Dx, Rx Problems to MDs

Continued from page 2

consideration when confronted with this apparent protective device in a patient.

At what point does a fatigued individual become asthenic and his personality revolve around a lasting symptom? Dr. Crocq asked. Not everyone reacts identically, he pointed out. Dr. Crocq warned against the clinician's retrospective illusion which discovers a premise for the present pathology in a person's past. Predisposition is often an optical illusion, he said. In reality, the present event establishes its meaning to the patient and through this meaning it is linked to previous events, Dr. Crocq said.

Reactional asthenia and depression cannot be confused, Dr. Bugard stated. In his view there exists no transition from one to the other. In spite of the fact that the majority of asthenics are neurotic depressives, asthenia is but one sign of depression. Reactional asthenia never fits into a depressive syndrome. Dr. Bugard also emphasized the importance of detecting and treating the depression underlying asthenia. Antidepressants are useless in reactional asthenia, he said, but neurotic asthenia with depression calls for an anti-depressant treatment.

Dr. Jacques Seban, a Parisian general practitioner, felt that distinguishing reactional asthenia from a neurotic depression was easier in theory than in actual practice. He pointed out that the doctor's therapeutic stance is not always easy because he is afraid of modifying his patient's personality and of creating side effects, especially when prescribing antidepressants or an ambulatory patient suffering from a minor depression. Dr. Crocq agreed, adding that individual sensitivity to these medications varied a great deal. However, Dr. Bugard asserted that in dealing with a depression, it is riskier not to treat it than to prescribe antidepressants, the side effects of which are at present easily corrected by other medications.

Rhodopsin Metabolism Interference May Explain Many Retinal Diseases

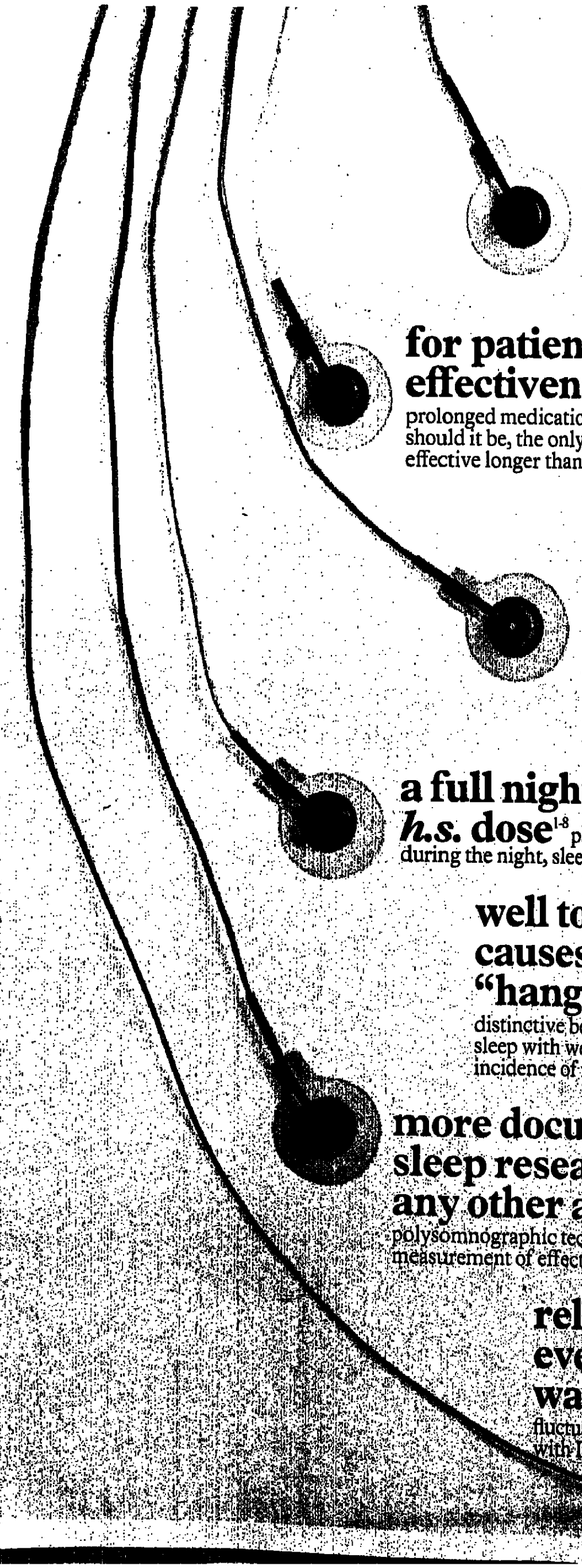
Medical Tribune Report

RESTON, VA.—Interference with the normal metabolism of the visual pigment rhodopsin may prove to be the "major common denominator implicated in the number of heretofore unexplained retinal diseases," according to Dr. Vernon G. Wong, Professor of Ophthalmology at Georgetown University School of Medicine.

Dr. Wong told a group of science writers at a seminar sponsored by Research to Prevent Blindness, Inc., that rhodopsin, isolated from Rhesus monkeys and purified, was given intracutaneously, incorporated in Freund's adjuvant, to 10 monkeys of the same species.

Rapid, progressive, irreversible blindness occurred in all the animals as a result of specific degeneration of the retina, he said, adding that the destruction was selectively limited to the retinal outer segments where rhodopsin is normally present. Control monkeys injected with the adjuvant alone were free of any abnormality.

The studies "strongly suggest that disturbance of the normal metabolism of rhodopsin can, in effect, produce profound disturbance of the normal seeing process," Dr. Wong said. "Disorders of retinal degeneration, sympathic ophthalmia, macular degeneration, and iatrogenically induced blindness from drug toxicities will undoubtedly be clarified in future research efforts."



on average, sleep within 17 minutes that lasts for 7 to 8 hours with fewer nighttime awakenings[1] proved in patients with insomnia in 8 sleep research laboratory studies

for patients who need it, continued effectiveness over 28 nights[2,3]

prolonged medication for insomnia is generally not necessary; should it be, the only available sleep agent proved objectively to be effective longer than two weeks is Dalmane (flurazepam HCl)

proven effectiveness in elderly patients with verified insomnia[4]

the greater the degree of insomnia, the greater the objective improvement with Dalmane 15 mg administered for 7 nights *h.s.*—15 mg is the recommended initial dosage for elderly and debilitated to help preclude oversedation, dizziness or ataxia

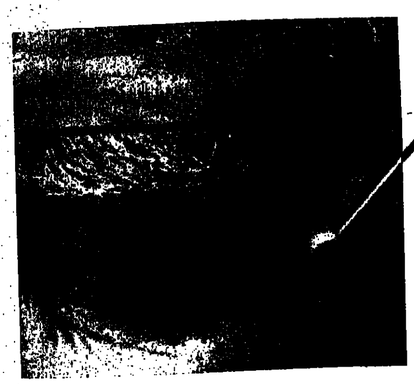
a full night's sleep with a single *h.s.* dose[1-8] patients fall asleep faster, awaken less often during the night, sleep longer without repeating dosage

well tolerated, seldom causes morning "hang-over"[1] Dalmane is a distinctive benzodiazepine specifically indicated for sleep with well-documented safety and low incidence of morning "hang-over"

more documentation from the sleep research laboratory than any other agent for insomnia[1-8]

polysomnographic techniques provide the most objective measurement of effectiveness possible

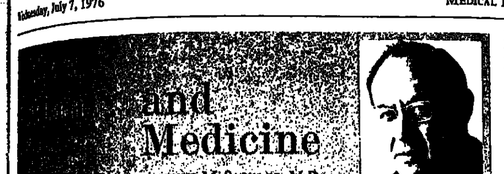
relative safety extending even to patients on chronic warfarin therapy[1,9] no unacceptable fluctuation in prothrombin time has been reported with Dalmane



The Dalmane® (flurazepam HCl) difference.

ROCHE

See following page for a summary of product information.



Jacques Monod, 1910-1976

I WAS READING once again Rene Dubos' *Louis Pasteur, Free Lance of Science,* and had made a note to visit, within the week, with the head of the Pasteur Institute–when the morning newspaper brought the sad news, "Jacques Monod Dies."

How bitter that an apostle of chance, who brought so much to the world, should chance to have a life shorter than the average span of man. I was going to say less than the Biblical "three score and ten." I put it the other way around because of Monod's rejection of what he referred to as "Judeo-Christian religiosity."

Our Differing Interpretations

"Chance alone," he wrote, "is at the source of all novelty, all creation in the biosphere." In a sense we agreed on that. I had referred to man as a "cosmic accident, a bioartifact." But our interpretations differed. He believed that "pure chance, only chance, absolute but blind liberty is at the root of the prestigious edifice that is evolution." It is my conviction that "pure chance" afforded biologic choice and as a result of such choices we have exquisitely defined structure and function in the infinite complexes of living organisms.

For me, Monod's own work is a beautiful exemplification of the discretion of choice rather than the chaos of "blind liberty." His scientific discoveries were intellectually elegant, as in the collaboration with Francois Jacob and André Lwoff which defined and titled "messenger RNA."

Only last year I shared with MEDICAL TRIBUNE readers a visit with Jacques Monod, commenting: "This handsome, young 65-year-old biologist is relaxed and very much at home in his beautiful Paris apartment; as comfortable in expressing himself in music, and the arts, both European and Oriental, as in technical discussions, and as frank and candid in examining the current problems of the Institute as the most blunt industrial executive."

Associations with America

Jacques Lucien Monod was born in Paris in 1910. His father was the French painter, Lucien Monod; his mother, a Milwaukian, Charlotte Todd MacGregor Monod. Whenever we visited, he enjoyed particularly calling attention to his father's paintings in his intimate but fine collection. His love of painting paralleled his passion for science. Monod, the Nobel laureate and cellist, lived immersed in the ambiance of the arts and the sciences, of philosophy and of action.

Though bilingual from childhood, his education was primarily French. He took his undergraduate and doctoral training at the University of Paris but between the two he was a Rockefeller Fellow at the California Institute of Technology. His association with the Pasteur Institute began early in his professional career and it was there that he rose from instructor to become one of Pasteur's successors as its head.

Irony: Pasteur Institute's Poverty

Most of our discussions related to science, art and philosophy. They involved the social and philosophical problems of research, the relationship of research to government, the importance of independence of science and the need for adequate funding as the basis of new progress. He was preoccupied with the budgetary difficulties of the Pasteur Institute. He told me, as I reported last year, of the lessons implicit in the failure of the Institute to either patent or license its discoveries. It was ironic that the Pasteur Institute, which had profited people, industries and nations, should at a time of the efflorescence of science fall on such hard times. He said that "if the Institute had earned royalties on the vaccines it produced, there wouldn't be any financial problem." He took steps to correct the situation but at a time when obsolescence was so extensive and the need for modernization of the Institute so great as to compromise the chance for success.

During our meetings Monod was deeply absorbed in the problems of the Pasteur Institute. He veered away from philosophic and political discussion. Monod, who reportedly had been associated with the communists, abhored the Lysenko theory and vigorously challenged Marxist dialecticians. He didn't talk politics with me. I had been interested in his thoughts about his friend, Albert Camus, about their interest in existentialism. But I heard little from him on that subject. Monod, the scientist, who had been decorated for his military contributions with the French Croix de Guerre and the American Bronze Star, never talked of the war, nor of his role in the Résistance as an officer in the underground, nor as an officer in the regular French army after liberation.

Even as Monod proclaimed his philosophy of chance and that evolution had no goal, the Nobel prize attested to his definition of the exquisite integration of chemistry and structure at its most fundamental levels. He felt the need for a new ethic to accord with his all-important belief in "absolute but blind liberty." Those who knew him, knew he was as critical in evolving his own concepts as he was of the values and function of society. While he denied that his was a philosophy of pessimism, he stated, as I have heard several great men in science say recently, "the future of mankind is going to be decided within the next two generations."

Let us hope that the future will bring us enough men of such conscience and imagination, responsibility and action that we can overcome the fears and fulfill the dreams which made for the greatness of Jacques Lucien Monod.

EPIGRAMS—Clinical and Otherwise

The great tragedy of Science—the slaying of a beautiful hypothesis by an ugly fact.

Thomas Henry Huxley (1825-95)

Collected Essays, "Biogenesis and Abiogenesis"

Severe Asthma May Worsen In Pregnancy

Medical Tribune Report

SAN FRANCISCO—Women with severe asthma may experience a worsening of their disease during pregnancy, especially after the fifth month, according to an allergist/obstetrician-gynecologist team from the University of Miami Medical School.

Since premature labor, abortion or intrauterine death may result from untreated exacerbations, "the asthmatic deserves careful attention and repeated evaluation when pregnant," Dr. Joan C. Gluck, a fellow in allergy and immunology at the University, told a meeting of the American College of Allergists held here. Serial IgE determinations, she emphasized, may be particularly useful in identifying which patients are most susceptible to deterioration.

"The severity of asthma before pregnancy has a definite correlation with the response of asthma to pregnancy," she said. "Patients with mild asthma are generally unchanged while those with severe asthma are usually worse."

First Prospective Study

Dr. Gluck and her husband, Dr. Paul C. Gluck, chief resident in obstetrics and gynecology at the university, followed 47 pregnant asthmatics through delivery in what is believed to be the first prospective study of such women.

The patients were classified as severe, moderate or mild asthmatics on the basis of frequency and severity of attacks prior to pregnancy and then re-evaluated as "worse," "the same," or "better" during the pregnancy.

Previous retrospective studies have shown variable response of asthma in pregnancy, according to Dr. Gluck. "Pregnancy has been noted to have a beneficial effect, no effect or an adverse effect," she said.

The prospective study also yielded variable results, she noted. The asthma of 20 patients became worse, stayed the same in 20 and improved in seven.

However, when examined in relation to severity of antepartum asthma, statistically significant differences in response emerged. "In the mild group, 12% improved, 72% were unchanged and 16% were worse, with one hospitalization. In the moderate group, 40% improved and 60% were worse, with three admissions for asthma. Finally, in the severe group, no patient improved, 17% were unchanged and 83% were worse with nine hospitalizations for asthma," she said.

Exacerbation of asthma attacks usually occurred in the sixth month of gestation, never before the fourth month, Dr. Gluck observed. These patients all improved after delivery. "Thus the severe asthmatic is at highest risk for deterioration in the second half of pregnancy," she said.

Serial IgE determination at monthly or bimonthly intervals appears to be a good predictor of which patients will deteriorate during pregnancy. "Our preliminary data show that in normal pregnancies, IgE decreased during gestation," Dr. Gluck said. "In the asthmatic pregnancy, patients with increased or unchanged IgE levels had a tendency for exacerbation. Those with decreasing IgE were likely to improve."

Normal IgE measured by radioimmune assay was less than 150 International Units/ml. "An increase or decrease of 100 International Units or more from the patient's initial IgE titer was considered significant," she reported.

Severe asthmatics require increased medication during pregnancy, Dr. Gluck advised.

Medicine on Stamps

Walter Reed

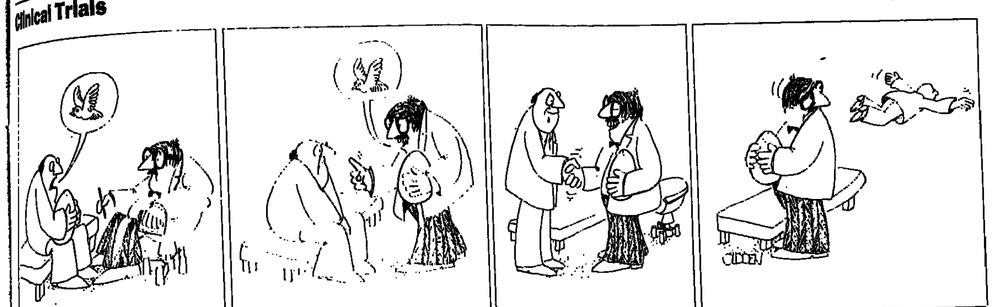
Walter Reed (1851-1902) was born in Virginia and received his medical degree from the University of Virginia before his 18th birthday, the youngest medical graduate in America. The following year, he received a second medical degree from Bellevue Medical College, New York. He started to practice medicine in New York, became a city physician, and in 1875 was commissioned in the Medical Corps of the U.S. Army. After serving at various army posts, he was appointed in 1900 head of the Yellow Fever Commission that investigated an epidemic among American troops in Cuba and proved that yellow fever was transmitted by the sedes Aegypti mosquito. He died of acute appendicitis and was buried in Arlington Cemetery with the simple inscription over his tomb: "He gave to man control over the dreadful scourge—Yellow Fever."

Text: Dr. Joseph Kler

Stamp: Minkus Publications, Inc., New York

Clinical Trials

By Oldden



Ultrasonic Probe Visualizes Prostate, Bladder Diseases

Medical Tribune Report

LAS VEGAS—A new transrectal, ultrasonic probe, coupled with a gray scale technique that provides sharper tissue differentiation, appears to show promise in evaluating prostate and bladder cancers, the American Urological Association was told here.

Dr. Martin L. Resnick, Instructor in Urology at the Bowman Gray School of Medicine, said that the new ultrasound technique should prove to be a useful tool "in helping to increase the detection of early carcinoma that is not readily palpable," in the staging of prostatic and bladder carcinoma, in evaluating response to therapy, and even in assessing cervical, uterine, and ovarian diseases.

While ultrasonography has been "a valuable adjunct" in assessing diseases of the brain, kidney, pancreas, and retroperitoneum, Dr. Resnick noted, the prostate and urinary bladder have been inaccessible by this technique because of their positions deep in the pelvis. Some four years ago, he continued, a transrectal probe was developed that permitted access to these organs. More recently, Dr. Resnick said, a new probe capable of longitudinal and rotational motion has been developed, and this has been coupled with a gray scale converter.

Unsuspected Ca In Four

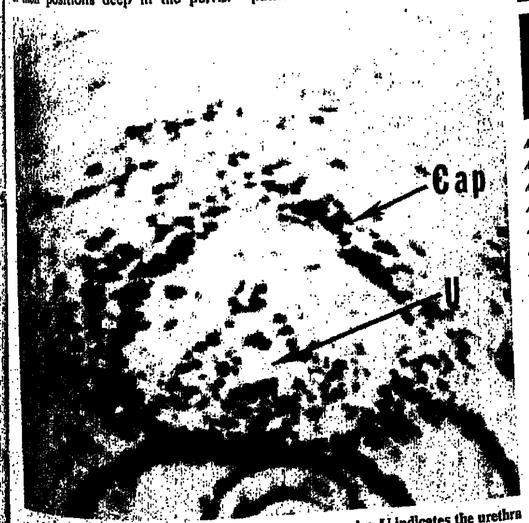
In his study, with Drs. James H. Willard and William H. Boyce, prostatic scans were made of 84 patients with clinical findings indicating benign prostatic hyperplasia. The diagnosis was confirmed in 64 of the patients, he said, 52 of whom had prostatectomies. Unsuspected carcinoma was found by sonography in four patients, however, prostatis in eight, and prostatic calculi in four.

In five patients scanned after radical prostatectomy, no recurrence was demonstrated in four, and an unsuspected recurrence was found in one. In 12 patients treated with hormones for advanced carcinoma, tumor regression was documented in 11, and one was confirmed to be unresponsive. And in seven patients with prostatic nodule, benign hyperplasia was confirmed by sonography in two, carcinoma was found in three, and prostatitis in two, Dr. Resnick said.

Involvement of the seminal vesicles found by sonography in two of the patients with carcinoma was particularly important, Dr. Resnick said, because it indicates the possible role of sonography in staging.

Scans were also carried out in 10 patients with known bladder tumors, Dr. Resnick said, all but one of whom underwent surgical exploration. "Ultrasonography was accurate in detecting tumor invasion through the bladder wall and all Stage C tumors (five patients) were accurately assessed preoperatively.

"All Stage B tumors were also correctly identified, though B1 tumors (three patients) and B2 tumors (two patients) could not be differentiated by this technique." But, he noted, other staging techniques have errors approaching 50% in this category of cancer.



Benign prostatic hyperplasia is shown by ultrasonography. U indicates the urethra and CAP the capsule. Of 84 patients with clinical findings indicating hyperplasia, diagnosis was confirmed in 64 and 52 had prostatectomies.

Medical Meeting Schedule

Aug. 1-6	American Association of Clinical Chemists, Houston, Tex.
Aug. 1-7	American Institute of Ultrasound, San Francisco, Calif.
Aug. 4-6	American Academy of Clinical Toxicology, Seattle, Wash.
Aug. 4-8	National Medical & Dental Association, Hershey, Pa.
Aug. 5-8	International Doctors in Alcoholics Anonymous, Los Angeles, Calif.
Aug. 8-13	National Medical Association, Nashville, Tenn.
Aug. 9-13	American Society for Clinical Nutrition, East Lansing, Mich.
Aug. 12-14	South Dakota Black Hills Seminar, Rapid City, S.D.
Aug. 12-15	Association of Philippine Practicing Phys. in America, Wash., D.C.
Aug. 15-19	American Society for Pharmacology & Experimental Therapy, New Orleans, La.
Aug. 17-19	American Physiological Society, Phila., Pa.
Aug. 17-20	International Society for Experimental Hematology, Wash., D.C.
Aug. 18-21	West Virginia State Medical Association, White Sulphur Springs, W. Va.
Aug. 19-21	Rocky Mountain Radiological Society, Denver, Colo.
Aug. 20-21	Tomlin Memorial Cancer Lectures, Medford, Ore.
Aug. 22-27	4th Internal Congress of IASSMD, Wash., D.C.
Aug. 22-28	International Congress of the Transplantation Society, New York, N.Y.
Aug. 31-Sept. 3	Wyoming State Medical Society, Moran, Wyo.

IMMATERIA MEDICA

Candidates' Jokes

Now that everyone knows that Bob Orben writes President Ford's jokes and helps him smooth out their delivery, we're worried about who is going to do Ronald Reagan's material. Reagan's a former actor so he hasn't got delivery problems. His problem lies in the jokes. He's got to top Ford's one-liner: "Ronald Reagan doesn't dye his hair. It's just prematurely orange."

The fellow who invented Senator Claghorn, Fred Allen, is dead, so that leaves him out. But he had a line that maybe Reagan could use. The way it worked was that Senator Claghorn made some ridiculous comment and then said: "That's a joke, son." It made everything funny. But Reagan's attitude is to hardline everything and that leaves little room for fun. *That's a joke, son.*

The Democrats have to worry too. Bob Orben gave Ford this one for dinners and meetings: "I couldn't find my program so I leaned over to the man sitting next to me and asked, "What follows Senator Humphrey?" He looked at his watch and said, "Christmas."

Of course, jokes may not help any candidate.

Who wants a funny man in the White House?

Ach! Das Hangover Kids

We're indebted to a hospital—and deliberately anonymous—librarian in sunny Florida for the following:

"*Stedman's Medical Dictionary*, 22nd edition, has confused me with this entry: Kat' zenjam'mer [Ger. Katzenjammer, headache on morrow of a carousel] Hangover.

"*Stedman* wouldn't go so far as to tell me about the carousel but *Webster* says it is a merry-go-round, erroneously carousal, and a carousal is a drunken revel, erroneously carousel.

"One of my favorite childhood comic strips was 'The Katzenjammer Kids.' Now I find out the poor little kids were hangover headaches from a drunken revel or from staying on the merry-go-round too long.

"I think I'll stay with the 21st edition. It let them rest in peace."

TRIBUNE SPORTS REPORT

Slow Marathon Running Favored as Protection from Fatal Coronary Disease

By MICHAEL HERRING
Medical Tribune Staff

INGELWOOD, CALIF.—The debate over marathon training as protection against heart disease continues to divide experts, but Dr. Thomas Bassler recently told MEDICAL TRIBUNE that he remains convinced that long, slow distance-running, combined with no smoking and an Olympic runner's diet, offers "absolute protection against fatal coronary heart disease."

Dr. Bassler, who is a pathologist at Centinela Hospital here and editor of the American Medical Jogger's Association Newsletter, said the association (about 1,000 doctors who run marathons) has still been unable to document "a single death resulting from coronary heart disease among marathon finishers of any age."

Marathon running, he explained, consists of training until the runner completes 42.3 kilometers (about 26 miles) in a single stretch, followed by maintenance training of six miles a day every other day. The runner's diet is basically macrobiotic, he added, not Spartan, but low in animal fat, salt, hard liquor, wine, and refined foods. "Eat what helps you run," Dr. Bassler said he tells patients, knowing that if they eat poorly or start to smoke, they can't keep up the training.

The marathon regimen is not, strictly speaking, protective in itself, but "an index of how well a person is taking care of his heart." However, any nonsmoker who can walk, jog, run, or ski the 26 miles at one time is virtually immune to death from coronary atherosclerosis, Dr. Bassler said.

The latest challenge to Dr. Bassler's assertions (there have been many over the past several years) appears in the June issue of *Annals of Internal Medicine*, which reports a study from Harvard of a 1973 Boston marathoner who collapsed while running and showed evidence of myocardial infarction when he died weeks later. However, Dr. Bassler emphasized that the runner collapsed because of heat stroke, which principally affects the brain. He also noted that, while the patient's brain never recovered, his heart (which showed no signs of disease) continued to beat during 50 days of coma. In fact, the autopsy showed the runner had larger-than-normal coronary arteries, he said. "The report is really a case of brain death following heat stroke in weather that knocked 500 runners out of the race."

So far, none of Dr. Bassler's cardiac runners have died of heart disease, despite previous infarcts and poor family history. Furthermore, he believes their coronary arteries "can grow with mileage." Runners who complete 10,000 miles have coronary arteries twice the size of normals, while 20,000-mile runners have arteries three times normal size, he told MEDICAL TRIBUNE.

He also cited Dr. George Mann's 1972 study of Masai warriors, in which 50 hearts from warriors aged 15 to 70 were autopsied. Using careful measurements of arterial lumens, the Vanderbilt study showed an increase in coronary artery size with each ten-year group. Dr. Bassler attributes this to the warriors' training of 12-mile daily treks and noted that, while they do have arteriosclerosis, their enlarged lumens apparently compensate and prevent infarction.

For patients who have smoked in the past, Dr. Bassler recommends a stress test first and strict physician supervision at the beginning of training. "Don't fool around with short races," he also cautioned. Many runners reported to have died of coronary heart disease have been middle-distance runners, he explained, adding that shorter distances may offer current protection; but are not as safe, in the long run, as the long run.

Before running long distances, cardiac patients at Toronto Rehabilitation Center walk indoors, then "graduate" to outdoor jogging as shown.

Belgian Cycling Race Open to All MDs

Medical Tribune World Service

GRAMMONT, BELGIUM—Physicians, pharmacists, and veterinarians of both sexes are eligible to compete in an international cycling race to be held here on September 10, 11 and 12.

Organized by "Association Cyclistes Des Corps De Sante" and supported by *La Tribune Médicale*, the French edition of MEDICAL TRIBUNE, the race has already been entered in by over 300 physicians.

Race distances will vary according to age, entrants over 45 having to complete 49 kilometers, those between 30 and 45 63 kilometers, and those under 30 70 kilometers.

Registration must be made before August 15, 1976, by writing to:

Association Cyclistes Des Corps De Sante (ACCS)
10 Place Peyron
Marines, France 95640
Telephone: 466-7006 or 466-7100

wine talk

By JOHN CHAMBERS
Author and Consultant to Morrell & Company, New York Wine Merchants

Questions from Readers

I was recently given four bottles of older wines and would appreciate an estimate of their present value. The wines are: Chateau Mouton Rothschild 1929, Chateau Latour 1937, Grandes Echezeaux 1961, and La Tache 1961, both Domaine de la Romanee Conti.

Well-chosen wines increase in value at a fairly consistent rate, roughly doubling their price with each decade. However, since a private individual is forbidden to sell wine, it is a difficult investment to cash in. Nonetheless, by buying early and storing the wine, one does have the pleasure of sharing with friends a beautiful bottle, purchased at modest expense, which would be extremely expensive if purchased at the time of drinking. The value of your wines would be: Chateau Mouton Rothschild 1929: $150.00-175.00, Chateau Latour 1937: $75.00, Grandees Echezeaux 1961: $40.00, and La Tache 1961: $60.00. The price of the first two would, of course, depend on the condition of the wine and particularly the ullage (i.e. the amount of air space between the cork and the surface of the wine).

I have often heard that California wines are drunk too young. The implication is that they would be much more impressive if properly aged. Is this true, and if so, could you tell me when the following 1970 California Cabernet Sauvignons should be drunk: Mayacamas, Beaulieu Private Reserve, Robert Mondavi Unfiltered?

California wines have enough glycerine (i.e. the viscous quality in a wine which is responsible for smoothness) that most can be drunk young. They *do* improve, however, and the best of them demand more time to settle the tannin (the dusty, harsh taste in a young wine) and permit the wine to mellow. Of the three you list, the Mondavi can be drunk now, although it will be better in three to five years, the Beaulieu should not be drunk before 1978 (preferably 1980), and the Mayacamas will not be ready uptil 1985. They are all excellent wines from a top vintage.

Send in any questions you may have about wine. Using the most interesting questions, I will do another QUESTIONS FROM READERS column. However, *all* questions will be answered whether used in the column or not.

NEXT MONTH: The Present Wine Market—A Time to Buy.